RED CROSS RED CRESCENT RESPONSE
TO POPULATION INFLUX IN BANGLADESH
ONE WINDOW FRAMEWORK

February 2018
FOREWORD TO THE ONE WINDOW FRAMEWORK

Since the last quarter of 2016 people have fled violence in Rakhine state, Myanmar, and crossed the border to seek shelter in Cox’s Bazar, Bangladesh; adding to the people who were already sheltering there having fled Rakhine state in successive waves of exodus over previous decades. There was a sharp increase in the number of people arriving after 25 August 2017, bringing the total number of displaced people in the area to more than one million by mid-February 2018. The scale and speed of the displacement and the severe vulnerability of many of those displaced has created one of the most complex humanitarian crises in the Asia Pacific region in decades.

To date, the focus of Bangladesh Red Crescent Society (BDRCS), International Federation of Red Cross and Red Crescent Societies (IFRC) and Movement partners, among other humanitarian actors, has been on life-saving assistance and stabilising the humanitarian environment. After five months of significant and coordinated effort between the government of Bangladesh (including the coordination role given to the military bodies), the humanitarian community, host communities and the displaced communities, the settlements have improved. However, the fact remains that almost all displaced people still live in inadequate, overcrowded conditions and in a context of significant humanitarian needs and in a geographical area prone to different hazards - still entirely dependent on outside humanitarian assistance. This dependency exists in what is very likely to become a prolonged humanitarian crisis.

Looking forward

This framework is premised upon an inclusive approach towards the significant humanitarian footprint of the Federation-wide humanitarian response in the camps and settlements, the state of Movement-wide coordination, and the host National Society role, based on the Principle of Unity of the BDRCS in providing more than 200,000 people with relief while scaling up access to health services, water, sanitation, psychosocial support, shelter as well as greater protection from violence through effective community engagement.

It also provides a direction for the two years to come to ensure continuity of these services, including in protecting human dignity, while providing more robust support to the host communities and enabling displaced population to be more self-reliant and not only passive recipients of aid. It takes a longer-term lens to adapt the response to immediate risks and possible scenarios – including those related to the extreme meteorological events that could have catastrophic impact – as well as ways to strengthen more localised and sustainable response capabilities through the BDRCS which has been active before the crisis and will continue to be there as long as needed with the support of its partners.

Finally, the framework establishes a stronger foundation for a well-coordinated response within
the Red Cross and Red Crescent network as well as with external actors, including the United Nations. It is also very much a framework to enable compliance with highest accountability standards to the communities we serve and to the partners that have entrusted the Red Cross Red Crescent to rise to the challenges and to demonstrate principled humanitarian action and capacity to turn commitments into tangible results.

Bangladesh Red Crescent Society
Md. Feroz Salah Uddin
Secretary General

International Federation of Red Cross and Red Crescent Societies
Azmat Ulla
Head of IFRC Country Office
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List of acronyms
AWD  Acute Watery Diarrhoea
BDRCS  Bangladesh Red Crescent Society
BOCA  Branch Organisational Capacity Assessment
CBDRR  Community Based Disaster Risk Reduction
CDI  Community Development Initiative
CDRT  Community Disaster Response Team
CEA  Community Engagement and Accountability
CPP  Cyclone Preparedness Programme
CwC  Communication with Communities
DAPS  Dignity, Access, Participation and Safety
DRR  Disaster Risk Reduction
EcoSec  Economic Security
FDMN  Forcibly Displaced Myanmar Nationals
FSM  Faecal Sludge Management
HQ  Headquarters
ICRC  International Committee of Red Cross
IEC  Information, Education, Communication
IFRC  International Federation of Red Cross and Red Crescent Societies
INGO  International Non-Governmental Organisation
ISCG Inter Sector Coordination Group
KAP Knowledge, Attitudes, Practices
MOHFW Ministry of Health and Family Welfare
NDRT National Disaster Response Team
NDWRT National Disaster WASH Response Team
NFI Non-food Item
NHQ National Headquarters
NS National Society
NSD National Society Development
OCAC Organisational Capacity Assessment and Certification
PGI Protection, Gender and Inclusion
PMER Planning, Monitoring, Evaluation and Reporting
PMO Population Movement Operation
PNS Participating National Society
PSS Psychosocial Support
RCEC Red Cross Red Crescent Emergency Clinic
RCEH Red Cross Red Crescent Emergency Hospital
RCRC Red Cross Red Crescent
RCY Red Cross Red Crescent Youth
RDRT Regional Disaster Response Team
RRRC Refugee Relief and Repatriation Commissioner
SDG Sustainable Development Goals
SEG Strategic Executive Group
SGBV Sexual and Gender Based Violence
UDRT Unit Disaster Response Team
VCA Vulnerability and Capacity Assessment
WASH Water, Sanitation and Hygiene Promotion

In the text, the phrase ‘guest community’ is used as a synonym for the people of Rakhine.

Similarly, in the context of Bangladesh Red Crescent Society, the word ‘unit’ is used for the local branch.
1. PURPOSE OF THE FRAMEWORK

The scale and speed of people fleeing violence in Rakhine state, Myanmar, and seeking shelter and protection from violence in Cox’s Bazar, Bangladesh, has created one of the most critical and challenging humanitarian crises in the region in decades with the potential of turning into a protracted crisis that might require long term solutions.

Bangladesh Red Crescent Society (BDRCS) has been addressing the needs of displaced persons from Rakhine and host communities in Cox’s Bazar in 1978 and further since the 1990s and has scaled up operations and support as a result of the large-scale influx of displaced persons from Rakhine since October 2016, first aiming to assist 25,000 people in January 2017 and quickly scaling up to 200,000 people based on need. BDRCS and its Movement partners - International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of Red Cross (ICRC) and 31 Participating National Societies (PNS) - have since August 2017 been conducting a large-scale humanitarian response to deliver life-saving humanitarian assistance and services through multilateral and bilateral support. This response is increasingly shifting to sustained services and community mobilisation interventions reflecting the likely prolonged nature of the crisis.

The purpose of this One Window Framework is to demonstrate greater efficiency, enhance our effectiveness, better position the BDRCS as auxiliary to the government and ensure a harmonized and well-coordinated International Red Cross and Red Crescent response to meet the current and future humanitarian needs of the displaced population and their host communities in Bangladesh. The goal of the framework is to ensure greater quality in our delivery, joint accountability in our practices, a positive, resilient and sustainable impact on the affected communities, and to contribute towards BDRCS development, in coherence with Strategic Plan 2017 to 2020.

The framework has been written in an inclusive and participatory way, with the engagement of Red Cross Red Crescent stakeholders. It articulates the shared vision and goal for Red Cross Red Crescent partners aligned with the BDRCS Strategy, provides guidance in relation to shared operational objectives, implementation methodologies, coordination mechanisms, roles and responsibilities, and establishes the basis for quality and accountability.

The International Committee of the Red Cross (ICRC) under a HQ agreement with the Government of Bangladesh has worked with the BDRCS in Cox’s Bazar and the Chittagong Hill Tracts since some years prior to the current population movement (since
August 2017) from Rakhine. Agreed during the Movement tripartite mini summit, the ICRC has focused its efforts on the sensitive border areas and expanding its previous programming in host communities in support of those displaced. The ICRC operation remains separate from the Population Movement Operation detailed in the IFRC appeal and the One Window Framework, whilst remaining well-coordinated and complementary.

The framework has been developed capturing inputs from multiple sources, including Red Cross Red Crescent assessments, the IFRC emergency appeal launched in March 2017 and revised in September 2017, analysis and triangulation of secondary data from key external sources, e.g. government of Bangladesh, UN and INGOs, lessons learned from other BDRC/S operations and major global operations and extensive feedback and comments from the partners. The framework is also grounded in key Movement documents including the Seville Agreement and Supplementary Measures and the Resolution 17 on strengthening Movement coordination and cooperation adopted at the Council of Delegates in 2017, the Principles and Rules for Red Cross Red Crescent humanitarian action endorsed in the 2013 General Assembly and Movement policy and guidance related to working with and for migrants and displaced persons. BDRC/S organized a planning workshop in January 2018 to prepare the basis for the framework jointly with the Movement partners. Technical working groups prepared sectoral strategies for the framework, and it was finalized in the partnership meeting organized in Cox’s Bazar from 13 to 15 February 2018.

In addition to the internal documents, the framework is also taking in consideration the directions of the new global agendas such as Sustainable Development Goals (SDGs), Sendai Framework for DRR, Paris Agreement, World Humanitarian Summit and specially the Red Cross Red Crescent Movement commitment with the “Grand Bargain” specially the localization of aid.

This framework sets the path for the more detailed operational plans, budgets and timelines. It is recommended that this framework, and the detailed plan of action to be developed accordingly, is reviewed regularly to reflect the constantly changing situation on the ground.
2. THE CRISIS AT A GLANCE

**KEY STATISTICS:**

- 688,000 cumulative arrivals since August 2017
- 74,200 children need proper nutrition
- >1 million people need food assistance
- 262,300 children need access to education
- 909,000 people need shelter assistance
- 387,800 people need water, sanitation and hygiene promotion intervention
- 900,300 people in need of protection intervention and activities
- 78,430 people in need of healthcare services

Figures as of 11 February 2018 (ISCG Situation Report)

**Upsurge of violence in 2017**

Starting on 25 August 2017, violence in Rakhine state, Myanmar, has driven an estimated 688,000 people across the border into Cox’s Bazar, Bangladesh. The speed and scale of the influx has resulted in a critical humanitarian emergency. The displaced people who have arrived in Bangladesh since 25 August arrived not only exhausted, with very few possessions, but also emotionally stressed. They are now almost entirely reliant on humanitarian assistance for survival. The displaced population in Cox’s Bazar is highly vulnerable to all types of risks, having fled conflict and experienced severe distress, and is now living in extremely difficult conditions.
Prior to the crisis in 2017, Bangladesh was already hosting more than 212,000 people from Rakhine state, Myanmar. The combined population of displaced people in the South East of Bangladesh is now almost 1,000,000 people. An IFRC appeal in October 2016 was already predicting escalation of the crisis, although it was never imagined that the numbers would get this high. As of 27 January 2018, the cumulative total population recorded in the makeshift settlement and refugee camps is 900,377. The Bangladeshi Immigration and Passports Department has registered 1,066,088 people through biometric registration as of 10 February 2018.

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1 ISCG Situation Report 11/02/2018  
2 ISCG Situation Report 11/02/2018  
3 ISCG Situation Report 11/02/2018
Population movements within Cox’s Bazar remain fluid, with increasing concentration in Ukhia.

3. RED CROSS RED CRESCENT ENGAGEMENT
# Red Response & Planning Map

**BDRCS in partnership with IFRC, ICRC and PNS**

Date: 30 January 2018

## Naikhongchhari
- ICRC
- IFRC

## Ukhia
- American Red Cross
- Australian Red Cross
- Austrian Red Cross
- Belgian Red Cross (Flanders)
- Belgian Red Cross (Francophone)
- British Red Cross
- Canadian Red Cross
- Danish Red Cross
- Finnish Red Cross
- German Red Cross
- Hong Kong Branch of the Red Cross Society of ICRC
- IFRC
- Iranian Red Crescent
- Italian Red Cross
- Japanese Red Cross
- Kuwait Red Crescent
- Luxembourg Red Cross
- Netherlands Red Cross
- Norwegian Red Cross
- Qatar Red Crescent Society
- Red Crescent Society of the United Arab Emirates
- Red Crescent Society of Uzbekistan
- Spanish Red Cross
- Swedish Red Cross
- Swiss Red Cross
- Turkish Red Crescent

## Teknaf
- Belgian Red Cross (Flanders)
- German Red Cross
- ICRC
- Israeli Red Cross
- Jordanian Red Crescent
The map includes the Red Pillar Response i.e. through the IFRC Emergency Appeal, through the ICRC and bilaterally through BDRCS.

**Following is the list of Bangladesh Red Crescent Society’s partners who have contributed to the IFRC Emergency Appeal:**

- American Red Cross
- Australian government
- Australian Red Cross
- Austrian government
- Austrian Red Cross
- Bahrain Red Crescent Society
- Belgian Red Cross (Flanders)
- Belgian Red Cross (Francophone)
- British government
- British Red Cross
- Canadian government
- The Canadian Red Cross Society
- Red Cross Society of China, Macau branch
- Red Cross Society of China, Hong Kong branch
- Danish Red Cross
- Finnish Red Cross
- Italian Red Cross
- Japanese Red Cross Society
- The Republic of Korea National Red Cross
- Luxembourg Red Cross
- Malaysia - Private Donors
- Maldivian Red Crescent
- The Netherlands Government
- The Netherlands Red Cross
- New Zealand Government
- Norwegian Red Cross
- Red Cross of Monaco
- The Republic of Philippines
- Singapore Red Cross Society
- Swedish Government
- Swedish Red Cross
- Swiss Government
- Swiss Red Cross
- Taiwan Red Cross Organisation
- Turkish Red Crescent Society
- United States Government – PRM

The following is a list of non-Red Cross Red Crescent partners who have directly supported Bangladesh Red Crescent Society working within the One Window Framework:

- Deen Relief
- Grameenphone
- Jakat Fund
- Uzbekistan Government
- MERIS Malaysia
- Individual donors
4. RED CROSS RED CRESCENT ACHIEVEMENTS (since August 2017)

BANGLADESH
Population Movement
4 February 2018

- **688,000** people estimated to have crossed into Bangladesh
- **254,000** people reached with Red Cross/Red Crescent intervention
- **76,313** people treated at 7 Red Cross/Red Crescent health facilities
- **48,807** people reached with psychosocial support activities
- **105,428** food parcels distributed
- **84,552** households received blankets
- **49,379** households provided with tarpaulin and ropes
- **7,122** households received cash for other shelter items
- **34,984** households received sleeping mats
- **240** Bangladesh Red Crescent volunteers and 127 staff are responding to the operation
- **2,706,100** litres of safe water distributed
- **61,997** households received hygiene kits
- **5,920** dignity kits distributed
- **48,096** people reached through hygiene promotion
- **186** latrines constructed
- **137** bathing facilities constructed
- **49,189** households received jerry cans
In addition, in the Community Engagement and Accountability (CEA) activities, we have received 1,425 feedbacks from communities and 106 volunteers have been briefed on community feedback and response mechanisms. BDRCS has provided the opportunity to 8,993 displaced family members to contact their family since 25 August, supported by and in coordination with International Committee of Red Cross (ICRC).

On 15 February 2018, the following number of staff is implementing the response operation:

<table>
<thead>
<tr>
<th>Implementing partner</th>
<th>Number of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh Red Crescent Society</td>
<td>34, recruitment soon complete for 28, further recruitment will be done by BDRCS as per need</td>
</tr>
<tr>
<td>IFRC through Emergency Appeal</td>
<td>37</td>
</tr>
<tr>
<td>Participating National Societies, including Emergency Response Units</td>
<td>254</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>326 + 28 = 354</strong></td>
</tr>
</tbody>
</table>

5. CONTEXTUAL ANALYSIS AND POSSIBLE SCENARIOS

Since 25 August 2017, 688,000 people, the majority of whom are women and children, have fled violence in Rakhine state, Myanmar and have crossed the border to seek shelter in Cox’s Bazar, Bangladesh.⁴ The scale and speed of the displacement and the severe vulnerability of many of those displaced has created one of the most critical and complex humanitarian crises in the Asia Pacific region in decades. The newly displaced add to the more than 212,000 displaced people who were already sheltering in Cox’s Bazar having fled Rakhine state in successive waves of exodus over the previous months, years and decades; bringing the total number of displaced people in the south east of Bangladesh to almost 1,000,000.⁵

The newly displaced have travelled mostly by foot, or small boat, and with very few possessions. The vast majority are living in so-called spontaneous and makeshift

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settlements – often in overcrowded and inadequate conditions - and are almost entirely dependent on humanitarian assistance for survival. The Refugee Relief and Repatriation Commissioner (RRRC) of the Government of Bangladesh with the support of UNHCR has conducted a family counting exercise that has revealed that one in every three families have an easily identifiable vulnerability. As many as 14 per cent of the displaced community are single mothers. Others are struggling with serious health problems or disabilities. There is a high proportion of elderly people at risk as well as unaccompanied and separated children. Protection and safety concerns in the communities are high, with a specific focus on child protection and sexual and gender-based violence. It was reported that approximately 100 to 400 incidents of Sexual and Gender Based Violence (SGBV) are being reported on a weekly basis among the new arrivals in the camps.

The most immediate and critical humanitarian needs of the displaced community have included: emergency shelter; access to clean water, sanitation and hygiene services; health care; sufficient food and nutrition; psychosocial support and protection for the most at risk; and timely, accurate and trusted life-saving and life-enhancing information.

The situation can easily turn back into an emergency situation caused by extreme weather, disease outbreak or new population influx or returns. Hence the Red Cross Red Crescent has prepared contingency plans and institutional preparedness to meet these changing needs, at the same time preparing the communities to brace the impact.

A Prolonged Crisis

As of February 2018, the flow of people fleeing from Rakhine state to Cox’s Bazar has significantly slowed down but still continues. However, concerns remain for the thousands of people living in the so-called "no man’s land" between Bangladesh and Myanmar.

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8 https://reliefweb.int/report/bangladesh/bangladesh-population-movement-population-movement-emergency-appeal-n-mdrbd018-0
To date, the focus of all humanitarian actors - including BDRCS, IFRC and Movement partners – has been on life-saving assistance and stabilising the humanitarian environment. After five months of significant and coordinated effort between the government of Bangladesh (including the coordination role given to the military bodies), the humanitarian community, host communities and the displaced communities, the settlements have improved, and the humanitarian context has stabilised in meaningful ways. The settlements are considerably less chaotic, more organised and almost all displaced people now have both individual and household registration cards. The humanitarian community now has a far more complete picture of the needs and location of those most at risk.

These improvements, however, need to be in line with the fact that the vast majority of displaced people still live in inadequate, overcrowded conditions and in a context of significant humanitarian needs and gaps and in a geographical area prone to different hazards and risks. Critically, the vast majority of the displaced community are still entirely dependent on outside humanitarian assistance. This dependency exists in a situation which is very likely to become a prolonged humanitarian crisis.

In addition, the communication with, inclusion and participation of guest and host communities in this humanitarian crisis remain one of the most challenging and profound gaps despite some notable efforts made by humanitarian agencies to create information hubs and feedback mechanisms to serve this purpose. The affected community remains overwhelmingly unable to access adequate information, or effectively provide feedback to aid providers and authorities. This challenging situation should not be a surprise, given the enormous challenges faced by the affected community where a high proportion of the affected population (73 per cent) are illiterate in any language, with 85 per cent citing their local language as their primary language for communication. More challenging is also the fact that humanitarian aid workers are neither trusted nor viewed as a source of information by any section of the affected community.10

The host communities live in Cox’s Bazar is one of the poorest and most disaster-prone districts of Bangladesh. The poverty level is above the national average in Bangladesh, and they count with problems with malnutrition, health and food insecurity. The influx of

new people is also affecting the local markets raising the price of food and lowering the wages of daily labour where many get their income to support their families.

People from Rakhine state have been displaced and sheltering in Cox’s Bazar since the late 1970s, in successive waves of displacement. Although the current displacement is at an unprecedented scale, it is part of a longer history of exodus with no clear long-term durable solution. In this context, a major focus of the framework will be continuing to deliver critical life-saving humanitarian support and assistance in key sectors: see Response Priority One - Humanitarian Assistance.

However, it is equally clear that an exclusive focus on short term humanitarian assistance would risk not observing the evolution of the context and the likelihood of hazards that might materialize at some point in time. A short term focus is not an option, combined with the current restrictions on freedom of movement, restrictions on access to basic services and the absence of any meaningful social inclusion, which may also precipitate new challenges linked to mental health, psychosocial need, possible security concerns and increased protection risks for the most vulnerable. Already, a lack of opportunities in the camps has been linked to an increase in human trafficking. Steps, no matter how small, must be taken to support the resilience of the displaced communities as well as the host communities, and enhance their resilience: see Response Priority Three: Community Resilience. At the same time, in the context of an absence of durable solutions and ongoing restrictions, it must be recognised that the impact of these interventions will be inherently limited.

In addition to humanitarian assistance and community resilience, the Framework will also focus on preparing for future changes and challenges in the humanitarian context: see Response Priority Two: Preparedness for Response. Therefore, predictability of our work has been considered as part of the next steps.

Future changes and challenges

Emerging scenarios and challenges that the humanitarian community must pay clear attention to include: the onset of the monsoon and cyclone season in Bangladesh; the environmental challenges with deforestation and ground water depletion, the needs and perspectives of host communities and disease outbreaks and epidemics.

Return/Repatriation to Myanmar
Since September 2017, a series of steps and commitments have been made between the government of Bangladesh and the government of Myanmar towards the return of displaced people to Rakhine state, Myanmar. In November 2017, this led to the signing of an arrangement on return\textsuperscript{11}, and then in January 2018 to the first meeting of a joint working group on return\textsuperscript{12} and the signing of a physical arrangement on repatriation\textsuperscript{13}. Both governments have committed to starting the return process as soon as possible on the basis of voluntary return in dignity and safety and to concluding the process within two years. The Bangladesh Red Crescent Society and the Myanmar Red Cross Society together with Movement partners will contemplate the different scenarios and identify modalities of cooperation between the two National Societies, ensuring that dignity, respect and safety of those returnees be applied at both ends, when the time and conditions will allow.

However, clearly a large number of steps are required to be taken in order for any return to be physically possible and more critically to meet and ensure minimum humanitarian standards of being safe, voluntary, dignified and sustainable.

**Monsoon/Cyclone Season**

Cox’s Bazar is one of the most disaster-prone regions of Bangladesh. In other words, 1,000,000 displaced persons are now living in inadequate, overcrowded conditions in a geographical location highly prone to monsoon, flooding, landslides and cyclones. This risk is also very real for the host community in the same area. The risk has been further exacerbated by the rapid and extensive digging and deforestation that took place to build the camps. In times of additional crisis, sexual and gender-based violence can increase, and therefore mitigation and response to SGBV across the sectors is essential through awareness raising, training of outreach teams and equipping staff and volunteers with referral pathways.

The humanitarian community has identified at least 100,000 displaced people at serious

\textsuperscript{11}https://www.reuters.com/article/us-myanmar-rohingya/myanmar-bangladesh-ink-rohingya-return-deal-amid-concern-over-armys-role-idUSKBN1DN0HA

\textsuperscript{12}http://www.thedailystar.net/backpage/joint-working-group-meets-naypyitaw-1519891

\textsuperscript{13}https://reliefweb.int/report/bangladesh/physical-arrangement-rohingya-return-finalized
risk of landslides, flooding and cyclones.\textsuperscript{14} Up to one third of the settlement area could be flooded resulting in more than 85,000 displaced persons living in the valleys losing their shelters. A further 23,000 displaced persons living on steep slopes stripped of vegetation that held them together could be at risk of landslides.

Key services in the settlement areas are also at risk of being washed away, including latrines, washrooms, tube wells and health centres. Access roads to the settlements could be blocked and inaccessible to vehicles, making it hard to maintain humanitarian and emergency assistance.

The humanitarian community has taken a number of steps to reduce the risk of disaster, including providing biodegradable sandbags to help anchor structures in heavy rains. Several engineering projects are also underway to build bamboo-reinforced footpaths and stairs, raised bridges, bamboo/brick/concrete retaining walls for soil stabilization and drainage networks. The site management work is scheduled to start within the next few weeks to level some of the steep hilltops to reduce the risk of landslides, as well as to increase the amount of usable area. BDRCS and partners are training community representatives how to reinforce their shelters to brace them for the high winds and rain. Early warning systems are also being put in place, with public information campaigns underway. The government of Bangladesh, the International Red Cross and Red Crescent Movement and humanitarian actors are also in the process of pre-positioning materials and heavy-lifting machinery.

**Disease Outbreak and Epidemics**

Combined with the likelihood of floods, cyclones, landslides, additional threats to the communities are those related to disease outbreaks. Since August, a number of different diseases have been reported across the settlements – including 1,607 suspected cases of diphtheria. Other health risks include acute respiratory infections; unexplained fever; acute watery diarrhoea; skin diseases and measles. Groups at particular health risk include an estimated 120,000 pregnant and lactating women who require urgent assistance. It is anticipated that the monsoon season will bring a new set of health challenges which will once again overwhelm the existing stretched services.

**Host Communities**

\textsuperscript{14}https://www.irinnews.org/maps-and-graphics/2018/02/05/mapped-how-monsoon-rains-could-submerge-rohingya-refugee-camps
Initially, the host communities in Cox’s Bazar were welcoming of the new arrivals, with BDRCS staff and volunteers on the ground witnessing daily acts of incredible generosity to their “new neighbours”. However, Cox’s Bazar is one of the poorest and most disaster-prone districts of Bangladesh. Many members of the host communities are living in conditions that do not meet minimum humanitarian standards. Recent assessments have revealed that 74 per cent of people in host communities have inadequate hygiene practices, 84 per cent suffer from diarrhoea, 86 per cent have no access to vaccinations, 72 per cent have no access to psychosocial support and 70 per cent have no access to antenatal care.

It is critical to the success of the humanitarian effort - and central to the One Window Framework - to support and also engage the host community, to ensure that services available to displaced people are equally available to the host community, and that the goodwill and generosity of spirit that exists today, is supported to continue. In certain sectors this will also include targeted assistance and support for the most at risk members of the host community.

6. RED CROSS RED CRESCENT RESPONSE OPERATIONAL STRATEGY 2018 to 2019

Rationale

The operational strategy of the Red Cross Red Crescent response is driven by the humanitarian imperative - the response must be designed to meet people’s needs at scale and for as long as it is needed. This calls for planning for the medium and longer-term response that Bangladesh Red Crescent Society (BDRCS) can sustain, linking them to the national actors and systems. Humanitarian access and acceptance are an important part of how we work, ensuring compliance with our Fundamental Principles and agreed minimum humanitarian standards.

BDRCS has a unique role in Bangladesh since it works as auxiliary to the government of Bangladesh in humanitarian assistance, laying the foundation for a localised response with international connections and support. The partners respect this central role and the mandate of BDRCS at all times, at the same time applying a concept of a shared leadership and a shared accountability by and for Red Cross Red Crescent partners.

A resilience building approach should inform all sectors of the Red Cross Red Crescent
Response through effective community engagement and social mobilisation with a view of ensuring that we work with the displaced and host communities as partners of the response and not only as recipient of aid, and with a greater emphasis on integrated services – especially for protection, gender and inclusion – than fragmented response areas.

The One Window Framework is centred on the common, overarching goal of supporting safe, dignified, better informed and self-reliant communities in the South East of Bangladesh. A resilience building approach will be used to analyse and to inform all sectors of our response utilising effective community engagement and mobilisation.

In order to achieve this common goal, the One Window Framework focuses on three
response priorities and three enabling actions.

The three response priorities are:

(1) **Humanitarian Assistance**

Response Priority 1 of the One Window Framework will focus on humanitarian assistance to the affected populations (both displaced communities and host communities). The main interventions under Response Priority 1 will be Health and Psychosocial Support (PSS); Water, Sanitation and Hygiene Promotion (WASH); Protection, Gender and Inclusion (PGI); Shelter and Non-Food Items (NFIs); Restoring Family Links (RFL) and with PGI and Community Engagement and Accountability (CEA) as cross-sectoral priorities.

(2) **Preparedness for Response**

Response Priority 2 of the One Window Framework will focus on Preparedness for Response for the affected populations (both displaced communities and host communities). The main interventions under Response Priority 2 will be contingency planning for monsoon and cyclone; contingency planning for epidemics; contingency planning for further population influx; contingency planning for relocation and/or repatriation and readiness and business continuity planning. Community mobilisation initiatives will become a key tactical approach to ensure greater readiness at the level of the communities living inside the camps. Contingency planning for sectoral development (roads, culverts, water, sanitation, electricity) will include advocacy with the Government of Bangladesh to provide for quick evacuation, shelter and access to rescue services.

(3) **Community Resilience**

Response Priority 3 of the One Window Framework will focus on Community Resilience for the affected populations (both displaced communities and host communities). The main interventions under Response Priority 3 will be community engagement and accountability, including working with community volunteers and interaction with host communities; supporting resilience and food security; and disaster risk reduction (DRR).
A gender and diversity approach will be taken, working with both communities, to ensure men, women and at-risk groups are actively engaged in reducing their disaster risks. Promoting women’s participation and decision making in community structures will be prioritised.

The three Enabling Actions are:

(1) **Strong National Society**
Enabling Action 1 of the One Window Framework will focus on supporting a strong National Society. The main interventions under Enabling Action 1 will be National Society development at the BDRCS National Headquarters (NHQ) and capacity enhancement at the units; and in both cases enhancing the sustainability of all forms of resources. At NHQ level, strong support will be given to make the BDRCS the first OCAC\(^\text{15}\) Certified National Society in Asia Pacific, while at unit level, important efforts will be done to help the units to reach to BOCA\(^\text{16}\) certification. Gender and Diversity indicators for the OCAC and BOCA have been developed and due to the National Societies commitment to Protection, Gender and Inclusion, these should be considered as part of the assessment process.

(2) **Coordination and Accountability**
Enabling Action 2 of the One Window Framework will focus on Coordination and Accountability. The main interventions under Enabling Action 2 will be on accountability to affected communities; the One Window Framework Coordination model, and partnership modalities with a strong emphasis on accountability, quality programming and transparency; as well as prevention of sexual exploitation and abuse, child protection and anti-harassment mechanisms; the Federation-wide Reporting System.

(3) **Humanitarian Diplomacy**

\(^{15}\) OCAC stands for Organisational Capacity Assessment and Certification.

\(^{16}\) BOCA is short for Branch Organisational Capacity Assessment.
Enabling Action 3 of the One Window Framework will focus on enhancing BDRCS auxiliary role through effective, efficient and quality interventions that will serve to better position the work of the National Society and Movement actors.

The One Window Framework also recognises the fluid and complex nature of the humanitarian and political context for this displacement operation. It is central to the plans of the framework to continuously monitor and analyse the changing contextual environment and make strategic and operational changes as needed to best serve the needs of the displaced and host communities in Bangladesh.

Under this area, the IFRC Status Agreement will serve to ensure the positioning of the Red Cross Red Crescent humanitarian action at the level of interagency meetings and meetings with stakeholders. It will also serve as a mechanism to support BDRCS on its humanitarian endeavours in the country.

All the above priorities and enablers will be implemented in a modality where shared leadership will contribute to maximize the impact of the collective Red Cross Red Crescent work in Bangladesh.

7. TARGETS AND FUNDING NEEDS 2018-2019 (estimates)
The objective is to target at least 200,000 people from the displaced community with a selection of integrated services while recognising that the catchment area is comprised of the population in Cox’s Bazar district who have access to the services but may not necessarily be using them.

The number of people targeted in the host community will be 30 per cent of the targeted displaced population i.e. 60,000 people. They are partly included in the target population of 200,000 e.g. in health provision but specific activities will be carried out with them, mainly in livelihoods, cash, disaster risk reduction and enhancing the resilience of the local infrastructure (e.g. schools and markets). Hence the total number of people targeted will be 260,000 people – 200,000 people from Rakhine and 60,000 people from the host communities.

**Funding needs by sector**
The estimate for Red Cross Red Crescent response in Cox’s Bazar operational budget is CHF 70 million, with 67 per cent covered. The budget is based on the projected humanitarian needs in the affected population (including displaced and host communities) up to end of 2019. The funding gap is CHF 23 million, of which about half is to meet the shelter and WASH needs.

30% of the combined budget is allocated to serve the needs of the host communities, while 70% will be allocated to the service of the displaced people.
IFRC operating budget and funding gap

The figure below is the IFRC emergency appeal operating budget – latest revision stands at CHF 33.5 million, including CHF 3.5 million for emergency response unit (ERU) deployment. The appeal is currently 66 per cent covered (including the Emergency Response Units), with 12 per cent spending as of 31 December 2017. Additional in-kind contributions received by Logistics come to CHF 7.5 million. The appeal has a funding gap of CHF 11.4 million.
8. RESPONSE PRIORITY 1 – HUMANITARIAN ASSISTANCE

Response Priority 1 of the One Window Framework will focus on Humanitarian Assistance to the affected populations (both displaced communities and host communities).

The main interventions under Response Priority 1 will be Health and Psychosocial Support (PSS); Water, Sanitation and Hygiene Promotion (WASH); Protection, Gender and Inclusion (PGI); Shelter and Non-Food Items (NFIs); Restoring Family Links (RFL) and with PGI and Community Engagement and Accountability (CEA) as cross-sectoral priorities. The modality of the work will explore shared leadership options according to the areas of expertise within the Federation.
HEALTH AND PSYCHOSOCIAL SUPPORT (PSS)

Objective of the sectoral strategy

300,000 people from the targeted population, both displaced and host communities, will have access to primary and secondary health care and Mental Health and Psychosocial Support (MHPSS) services with support from Red Cross Red Crescent partners. The modality of the work will explore shared leadership options according to the areas of expertise within the Federation.

Need analysis

The public health system in Cox’s Bazar is completely overburdened for the size of the population influx. In addition, there are clear gaps for services in chronic disease management. The Red Cross Red Crescent Emergency Hospital is operational since mid-October 2017 and has become a referral point for surgical and obstetrics/gynaecology cases along with Red Cross Red Crescent emergency clinics (mobile RCEC) providing primary health care services along with acute inpatient care (static RCEC). The access to health care and referral structures will remain difficult for a long time in the camp setting with the need to strengthen existing hospitals which are overburdened and adding new primary health care facilities. Although some partners are providing the minimum initial service package of sexual reproductive health (SRH), access to essential reproductive, maternal and new-born health services remains a major concern, especially in the new settlements and hard to reach areas. Home deliveries have anecdotally been reported to be high in several camp areas. Sexual and
reproductive health needs of the new arrivals require urgent attention, with approximately 60,000 women pregnant requiring basic or comprehensive emergency obstetric care among which, so far, only 22 per cent are reported to use health facilities for giving birth. Arrivals with experience of sexual and physical violence need both medical and psychosocial interventions. The mental and psychosocial impacts of being forcibly displaced are vast, with the affected populations facing daily stressors associated with reliance on humanitarian assistance for food and other life-saving needs.

**Sectoral strategy**

The strategy for Health sector entails consolidating preventive, promotive and curative services, based on also, the essential package of health services provided as minimum standards by Ministry of Health and Family Welfare (MoHFW) to ensure availability, delivery and quality of care through continuous capacity building with training of BDRCS and MoHFW staff, health workers of already established and planned health facilities, both at primary and secondary levels, while maintaining an approach committed to support health needs in a context of high mobility. Health education campaigns can be considered, e.g. against drug abuse.

1. 300,000 people from the host communities and from people of Rakhine have access to primary and secondary health care services through Red Cross Red Crescent health facilities.
2. 200,000 people of Rakhine and people from the host communities are reached with community-based disease prevention, epidemic preparedness and health promotion measures.
3. 5,000 most vulnerable pregnant and lactating women and malnourished children have access to support for improving nutritional status.
4. Mental health and psychosocial support activities are accessible to 200,000 people of Rakhine and people from host communities.
5. BDRCS capacity in delivering comprehensive health service delivery is strengthened.
In addition to this, ICRC will be supporting BDRCS mobile medical clinics in the border areas in Bardarban and in Teknaf upazila to provide services to both guest and host communities.

**Protection, gender and inclusion**

Overall 75 per cent of the displaced people in the camps and settlements are women and children. Due to the physical environment of the camps and cultural expectations, women and girls, particularly adolescent girls express concerns over access; including access to health services. Pregnant and lactating women, older people, as well as people with disabilities, who may require specific medical support, are particularly at risk. PGI is strongly linked to the PSS component of the operation due to the high protection risks men, women, boys and girls are facing in the camps, as well as reports of violence experience and witnessed on their journey to Bangladesh. PGI integration in health services is essential for mobile and fixed teams. A focus is on upholding the Minimum Standard Commitments to Gender and Diversity in Emergency programming for Health, in particular survivor centred approaches and clinical support to survivors of sexual and gender-based violence. Staff and volunteers with PGI capacity will form part of each team.

**Community engagement**

In order to achieve more sustainable capacities within the target communities and to shift the burden on the BDRCS activities in the long run, community engagement activities will become a critical component to be achieved by the Red Cross Red Crescent interventions to facilitate smooth interaction between the communities and BDRCS volunteers.

**Connection to other plans**

- BDRCS strategic plan 2017-2020
- ISCG Rohingya Refugee Crisis Joint Response Plan March-December 2018
- Joint Healthcare Plan 2018 for Forcibly Displaced Myanmar Nationals (FDMN) and Host Community by MoHFW and coordination with ISCG partners
Essential Health Care Package-Minimum Standards by MoHFW

WATER, SANITATION AND HYGIENE PROMOTION (WASH)

Objective of the sectoral strategy
The risk of waterborne and vector-borne diseases in targeted communities (camp and host communities) is reduced for up to 260,000 people, potentially benefiting up to 400,000 people. The modality of the work will explore shared leadership options according to the areas of expertise within the Federation.

Need analysis
The WASH sector estimates 1.2 million people in need of WASH support with a gap of at least 388,000 still existing at 27 January 2018. In reality, the gap is larger as many toilets and tube-wells constructed initially are substandard and need to be replaced with more durable and sustainable infrastructure with the added complication that over 3,100 latrines and 3,800 water points have been identified as at risk due to flooding or landslides. In addition, significant numbers of people report they do not have access to sufficient water to meet basic needs, nor adequate access to latrines. Women and girls report not being able to use latrines during the day due to overcrowding and lack of privacy in the camps. At night, a lack of lighting increases safety risks and concerns for women and girls to access the latrines. In order to reduce the serious public health risks posed by diarrheal and vector-borne diseases, continued expansion and improvement...
across all the WASH areas of intervention are needed to meet minimum humanitarian standards. Rapid scale-up is however extremely challenging due to congestion, space limitation, physical access and terrain. Considering these constraints, high priorities for the WASH sector remain hygiene promotion including household water treatment, faecal sludge management, Acute Watery Diarrheal (AWD) preparedness and contingency planning for flood and landslides prior to the rainy season. The emphasis will be on transitioning to longer term approaches improving quality of services, sustainable solutions, embedded behavioural changes and building local capacity.

**Sectoral strategy**

1. Safe water is provided to 110,000 people in the camps (deep bore hole and production well, distribution network, household water treatment and water analysis, guided by the groundwater study done by the government of Bangladesh).

2. Sustainable sanitation services are provided to 110,000 people in the camps (upgrading of latrines, faecal sludge management (FSM) and safe bathing/laundry spaces especially for women).

3. 200,000 people in the camps are engaged in a dialogue on how to reduce the risk of water and vector-borne diseases in cooperation with the health team (using hygiene promotion campaigns, complemented by the distribution of non-food Items (NFI) like hygiene, establishment of WASH committees and promotion of community engagement approaches in latrine constructions, guided by the KAP study).

4. Solid waste management system is improved for 110,000 people in the camps and in the host community.

5. WASH needs of the host community are surveyed and appropriate services are provided to them to mitigate friction between the communities.

6. WASH infrastructure and surrounding shelters in the camps are strengthened for the upcoming rainy and monsoon season, and contingency plans with necessary stocks are prepared.
In addition to this, ICRC is planning to provide WASH services and structural support in Teknaf upazila as well waste management system/infrastructure support to the health structures in Ukhia and Teknaf upazilas.

**Protection, gender and inclusion**

WASH programming will adhere to the IFRC Minimum Standard Commitments to Gender and Diversity in Emergency programming (2015, pilot) WASH section. This relates to the hardware components such as design and location of latrines and bathing facilities, as well as adequate and appropriate lighting for WASH facilities based on a PGI analysis. PGI is also working closely with WASH teams to ensure aligned messaging on menstrual hygiene awareness raising. Community WASH committees can be a key entry point for women and girls to participate in community structures and be a part of decision making processes and lead activities.

**Community engagement**

In order to achieve more sustainable capacities within the target communities and to shift the burden on the BDRCS activities in the long run, community engagement activities will become a critical component to be achieved by the Red Cross Red Crescent interventions to facilitate smooth interaction between communities and BDRCS volunteers.

**Connection to other plans**

- ISCG Rohingya Refugee Crisis Joint Response Plan March-December 2018
- WASH Sector strategies in Cox’s Bazar
- Potential partnerships with other actors like municipalities in FSM, UNDP in solid waste management and Solidarity International in host community support.
PROTECTION, GENDER, INCLUSION (PGI)

Objective of the sectoral strategy
Up to 260,000 people from the targeted population, both displaced and host communities, have access to flexible and integrated protection, gender sensitive and inclusion services, directly providing access up to 120,000 people and, through mainstreaming PGI to other sectors, up to 260,000 people. The modality of the work will explore shared leadership options according to the areas of expertise within the Federation.

Need analysis
Overall 75 per cent of the displaced population are women and children. Key vulnerable groups have been identified as single mothers (16 per cent), people with serious medical condition (4 per cent), older people at risk (4 per cent), people with disabilities (4 per cent), child-headed households (3 per cent), older people with a child (2 per cent), separated children (2 per cent), unaccompanied children (1 per cent) and single fathers (1 per cent). The movement of women and girls within the camp, especially adolescent girls, is limited; many face restrictions leaving the house during the day and a lack of lighting at night means many women and girls face risks to their safety. Restriction of movement has negative impacts on access to information, services, participation in activities, as well as effects on overall safety and psychosocial well-being. Difficult access and overcrowding makes reaching the most vulnerable challenging. According to an ISCG report 100 to 400 incidents were being reported on a weekly basis among
the new arrivals and it is widely recognized that data on Sexual and Gender Based Violence (SGBV) can be under-reported. Unaccompanied and separated children are particularly vulnerable. Girls and boys are at risk of child marriage or being trafficked and reports of abductions or attempted abductions in the camps are of high concern. It is necessary to ensure that multi-sectoral, survivor-centred services are available, information is conveyed to communities and that safe and comprehensive referral pathways are in place and known to staff and volunteers. Community structures in the camp are to-date largely male dominated. Therefore, a focus will be placed on creating opportunities for women to participate in formal or informal community structures including committees for WASH, and disaster risk reduction and preparedness, to ensure women’s voices and priorities are recognised. This will ensure we mitigate exacerbating gender inequality in the communities. Linkages will be made with local disability inclusion organisations to ensure greater support through the PGI initiatives for people with disabilities.

**Sectoral strategy**

1. Integrated approaches are planned through initiatives such as the DAPS (Dignity, Access, Participation and Safety) centres, the Primary Health Care Centres and Child Friendly Spaces, to ensure people-centred, safe and accessible support for camp and host communities, offering services in PGI, Psychosocial Support (PSS), Community Engagement and Accountability (CEA) and Restoring Family Links (RFL). Primary Health Care Centres, child friendly spaces and women friendly spaces provide an entry point for identifying and addressing protection needs and risks within the communities. Outreach teams will form a core component of the DAPS Centres to ensure we reach those most at risk.

2. Targeted approaches, such as the provision of dignity kits to women and girls and handheld solar lighting to households, as well distribution and awareness raising of safe and confidential multi-sectoral referral information in line with the interagency response plan.

3. The communities are engaged in the design, delivery and feedback of services to ensure better access to the communities, with special attention to female volunteers.
4. PGI is mainstreamed across the sectors to ensure the adherence to the IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming (2015, pilot); with a specific focus on Health, WASH, Relief, Shelter, DRR and Nutrition.

5. Internal protection mechanisms are put in place to ensure that staff and volunteers sign and understand obligations under the Code of Conduct, Child Protection Policy, Anti-Harassment guidelines, Zero Tolerance Towards Sexual Exploitation and Abuse and Community Volunteer Guidelines.

6. The capacity of the BDRCS staff and volunteers is increased on PGI initiatives to mitigate and respond to protection needs in the current and future disasters.

7. Sex, age and disability disaggregated data is collected (with PMER teams) and analysed to increase understanding of how women, men, girls and boys are affected, and programmes are adapted to meet their distinct needs and protection concerns.

8. Social inclusion initiatives are designed to facilitate cohesion between the host and displaced communities in the mid- and long-term response.

Community engagement

In order to achieve more sustainable capacities within the target communities and to shift the burden on the BDRCS activities in the long run, community engagement activities will become a critical component to be achieved by the Red Cross Red Crescent interventions to facilitate smooth interaction between communities and BDRCS volunteers. Community engagement will ensure people become more skilled and empowered to lead and shape positive, sustainable change in their own lives, influence decisions affecting them and hold all relevant stakeholders to account.

Connection to other plans

- ISCG Rohingya Refugee Crisis Joint Response Plan March-December 2018
- PGI related sectoral strategies in Protection, Gender based violence (GBV), Child Protection, Prevention of Exploitation and Abuse, Communicating with
Communities, MHPSS, and Gender in Humanitarian Action

- Collaboration with BBC Media Action with regards to the listening group initiative to promote key protection messages
- CEA coordination group plans, tools and assets

SHELTER AND NON-FOOD ITEMS (NFI)

<table>
<thead>
<tr>
<th>People targeted</th>
<th>Estimated budget (CHF)</th>
<th>Funding gap (CHF)</th>
<th>No of partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 200,000</td>
<td>12 Million</td>
<td>6.5 Million</td>
<td>9 BDRCs</td>
</tr>
</tbody>
</table>

Objective of the sectoral strategy

200,000 people from the targeted population, both displaced and host communities, will have access to assistance to cover their immediate non-food related personal basic needs and improve their shelter conditions through the support from Red Cross Red Crescent partners. The modality of the work will explore shared leadership options according to the areas of expertise within the Federation.

Need analysis

Overcrowding in existing camps and a lack of space for new shelters and infrastructure is a major concern. While many new arrivals are building their own structures from local timber or bamboo and covering them with locally bought plastic, the quality of the plastic is extremely poor. Almost all shelters are self-built with simple tools using inadequate materials, and shelters are often unable to provide the required privacy, safety, and protection from the elements. Most of the settlements are situated on hills consisting of weak soils and compressed sand and are prone to landslides during heavy rains, while
others are in flood-prone areas. There are also no sustainable erosion control measures in place.

Due to the high population density in the camps, the restrictions on permanent construction and the possibility of further relocation, it is recommended to limit the first phase of shelter support to tarpaulins, rope, a small monetary contribution to secure additional construction materials education and communication (IEC) materials on basic forms of construction. In phase two, further to the provision of shelter materials for upgrading their shelter, technical guidance is urgently required to ensure that households can build safer shelters and make localized site improvements in view of the upcoming monsoon and cyclone seasons.

**Sectoral strategy**

1. 200,000 people are provided with immediate non-food items to cover their basic personal needs.
2. 200,000 people have access to emergency assistance to meet their immediate shelter needs through the provision of tarps, rope, small cash grant for buying bamboo and basic technical awareness on building safer.
3. 200,000 people from the host communities and people of Rakhine living in the makeshift settlements have access to extra assistance to improve their actual shelter and settlements living conditions through the provision of different kits (from household level up to community level) and technical assistance.
4. 200,000 people are reached with awareness campaigns on safe shelter & settlements construction techniques to improve their living conditions in the makeshift settlements and in the host communities.

**Protection, gender and inclusion**

PGI and DRR components will be considered in shelter interventions through the hardware and software elements (e.g. securing that the upgraded shelters offer privacy, safety, and protection from the elements to all members of the family) and that special technical assistance to improve the shelter is provided to people who will not be able to do themselves (older people, pregnant woman, unaccompanied minors or people with disability). All activities will be planned and conducted with the community members,
ensuring participation and access of all groups e.g. women, men, boys, girls and specific identified at-risk groups in the community to. All shelter and NFI actions will align with the IFRC Minimum Standards Commitments to Gender and Diversity in Emergency Programming.

Community engagement

In order to achieve more sustainable capacities within the target communities and to shift the burden on the BDRCS activities in the long run, community engagement activities will become a critical component to be achieved by the Red Cross Red Crescent interventions to facilitate smooth interaction between communities and BDRCS volunteers.

Connection to other plans

- ISCG Rohingya Refugee Crisis Joint Response Plan March-December 2018
- Shelter/NFI sectoral strategy in Cox’s Bazar
- Coordination with the C Environment and Energy sector, as well as LPG and stove working group

RESTORING FAMILY LINKS (RFL)

Bangladesh Red Crescent Society works in RFL with International Committee of the Red Cross.

Objective of the sectoral strategy

Family links are established between the affected community and their families up to 10,000 people, with the services available to 656,000 people.

Need analysis

According to Inter Sectoral Coordination Group (ISCG) 75 per cent of new arrivals are women and children. Many children and adults who fled to Bangladesh had lost contact with their families and relatives in Rakhine state upon arrival. As it is technically illegal for the new arrivals to purchase SIM cards, means of communication are limited.
**Sectoral strategy**

1. Displaced people are provided with phone call service where they can send a ‘Safe and Well’ Red Crescent message to their family. BDRCS takes tracing requests to establish family links. These services are provided by mobile and permanent service desks, utilizing also the DAPS centres and Primary Health Care Units with integrated protection services, and they are open also to the host communities. Information campaigns will be conducted so that the population is aware of these services and opt to use them. Technical facilities e.g. solar powered charger stations are installed in fixed locations for people to be able to charge their phones to stay in touch with their families.

2. Displaced people who are detained in Cox’s Bazar jail and Chittagong jail get RFL services and assistance.

3. Collaboration and coordination is offered to other sector and stakeholders (e.g. government of Bangladesh, UN, INGOs, NGOs) to reach more people and to integrate RFL services into their interventions.

4. 100 BDRCS volunteers in Cox’s Bazar unit are trained on RFL services to build local capacity that can be used in the current and future operations.

5. Community volunteers are oriented on RFL services to promote community-led initiatives.

**Protection, gender and inclusion**

RFL services are particularly important to separated and unaccompanied children and women to offer them a possibility to protection with their families. PGI and RFL are collaborating through the DAPS Centres; having BDRCS volunteers on a regular basis in the DAPS Centre will ensure RFL and broader PGI support is available to the surrounding community.

**Connection to other plans**

- ISCG Rohingya Refugee Crisis Joint Response Plan March–December 2018
- Collaboration with Government of Bangladesh and UN agencies, especially with UNICEF.
9. RESPONSE PRIORITY 2 – PREPAREDNESS FOR RESPONSE

Response Priority 2 of the One Window Framework will focus on Preparedness for Response for the affected populations (both displaced communities and host communities).

The main interventions under Response Priority 2 will be contingency planning for monsoon and cyclone; contingency planning for epidemics; contingency planning for further population influx; contingency planning for relocation and/or repatriation and readiness and business continuity planning. The modality of the work will explore shared leadership options according to the areas of expertise within the Federation.

1. Disaster and crisis risk analysis

In camps and settlements: The area in which and around where the camps and settlements have sprung up is vulnerable to different kinds of disasters and crises. Among them are two annual events that may have a considerable humanitarian impact: the cyclone (April to May and October to November) and monsoon (June to October) seasons. There is also the potential for disease outbreaks (epidemics), including cholera, diphtheria, measles and mumps. The risk for fires is real, given congestion at the camps, nature of materials used for sheltering and inadequate access routes for fire trucks. Pressure on the environment, which contribute to deforestation and erosion (which increases the landslide risk) and depleting water resources. The Federation has contingency plans for these scenarios and continues to monitor the relevant information sources for early action, in close cooperation with the government of Bangladesh and
other humanitarian actors.

**Between and within communities:** Growing tensions between guest and host communities should also be anticipated, especially if portions of the latter perceive that assistance is not being provided in an equitable manner or the guest community is contributing to inflation, including by competing for same markets and labour opportunities. We cannot exclude the possibility of tensions within the guest community either, partly linked to the planned repatriations which may not be voluntary. The Federation is continuously monitoring the situation in the camps for signs of potential escalation of violence. Community engagement and accountability measures are used for two-way communication with the involved communities in order to detect the early signs, and preventive actions are planned to address the causes of unrest.

Many of the 900,000 displaced persons from Rakhine state may well want to return under the right circumstances (it will of course be critical to have meaningful consultation with the displaced communities at the centre of any return process). But as many actors have emphasised, there is unlikely to be any safe, voluntary, dignified and sustainable repatriation in the near term. Again, this means that hundreds of thousands of displaced persons will remain confined to the camps in Bangladesh for the foreseeable future, requiring a huge ongoing humanitarian operation and commitment and also requiring sufficient funding given the magnitude of what will inevitably be a prolonged humanitarian crisis.

**Further influx** of people from Rakhine is not unimaginable, especially if there is a new wave of violence in the northern areas of the state. This possibility is informed by past trends such as the 10-month lull between October 2016 (when there was a substantial influx) and August 2017 (when the current influx started). On the flipside, the notion of repatriations/returns continues after the government of Bangladesh and Myanmar signed an agreement, in November 2017, on the same. Although many steps are required for any return – which meets and ensures minimum humanitarian standards of being safe, voluntary, dignified and sustainable – to be physically possible, it is important for BDRCS and its Federation-wide partners to prepare also for these two possibilities.

There is also the potential for **disease outbreaks (epidemics)**, including cholera, diphtheria, measles and mumps. The context at the camps presents conducive conditions for disease outbreaks. For instance, there is a growing concern over water borne diseases as numerous shallow tube wells were poorly installed (in many cases
next to a latrine) in the emergency phase and now present a major contamination risk. There is also a low vaccination coverage amongst the displaced population.

**Operational response continuity:** The disaster and crisis scenarios pose new challenges and threats not only to affected people but also to humanitarian actors. Given all this, there is a need to ensure that BDRCS and its Federation-wide partners are well-placed to respond to possibilities of what lies ahead. In this regard, contingency plans looking at two aspects are being operationalized. The first aspect is the impact of possible events on the BDRCS and IFRC capacity to continue delivering seamless humanitarian assistance while the second aspect is measures to address the needs that may be wrought by the new events. Institutional preparedness and readiness is crucial to enabling the appropriate response (actions/services) to meet the needs of affected populations. Coordination with public authorities, the military (and other uniformed services), Inter Sectoral Coordination Group (ISCG) in Cox’s Bazar and Strategic Executive Group (SEG) will be the key to ensure synergies and to minimize duplication.

2. Overall status on contingency planning

2.1 Contingency plan for cyclone and monsoon seasons

**Introduction:** Bangladesh is a country vulnerable to many natural and man-made disasters. Cyclones are amongst the greatest risk to Bangladesh at national level. The country bears the combination of extreme exposure and high vulnerability. Cox’s Bazar is considered one of the geographical areas where cyclones have impact in the country.

**Objective:** To guide the BDRCS/IFRC in the initial emergency response when rapid decision-making is required. It includes actions at early warning phase and actions for the response phase.

**Target population:** around 260,000 individuals.

- Host communities people from Kutupalong areas.
- People from Myanmar living inside the camps at Mainnerghona, Hakimpara, Burma Para and Shamlapur.
Likely interventions

In liaison with public authorities and ISCG, BDRCS and its partners are preparing to assist 40,000 families (i.e. 200,000 people) in the event of a cyclone which has a significant humanitarian impact.

Non-food relief (in guest and host communities)
- Pre-positioning of shelter non-food items for 200,000 people
- Distribution of NFI to up to 200,000 people

Cash in emergencies (in host communities)
- Develop a community engagement system for beneficiary selection
- Engage a suitable financial service provider
- Provide cash grants to up to 25,000 people

Shelter in emergencies (in guest and host communities)
- Pre-positioning of tarpaulins and rope for 200,000 people
- Distribution of tarpaulins and rope for up to 200,000 people
- Shelter repair assistance in host communities
- Shelter rebuilding assistance in host communities
- Safer shelter training and awareness in guest and host communities

Health in emergencies (in guest and host communities)
- Evacuation of critical medical cases to safer facilities
- First aid for injured people
- Services via field hospital, static clinics and mobile medical teams
- Dissemination of community health messages
- Mainstream and cross-cutting psychosocial support

WASH in emergencies (in guest and host communities)
- Borehole and tube-well installation/repairs
- Inputs for and awareness on household water treatment
- Water trucking
- Improving emergency latrines
- Faecal sludge management
- Improving hand washing and bathing facilities
- Solid waste management, including cleaning campaigns
- Improving drainage
- Pre-positioning of hygiene items for 200,000 people
- Distribution of hygiene items to up to 200,000 people
- Hygiene promotion

**Livelihoods/resilience (in guest and host communities)**

- Micro-economic initiatives and income generating activities in host communities
- Home-based gardens and agricultural crop production activities in host communities
- Vocational and skills enhancement training in guest and host communities
- Resilience activities in guest and host communities
- Livelihoods activities should be informed by a PGI analysis

**Protection, Gender and Inclusion in emergencies (in guest and host communities)**

- Pre-positioning stock of dignity kits in collaboration with the GBV sub-sector
- Outreach teams trained to conduct protection needs assessments
- Dissemination of messaging and awareness on Child Protection, and PGI through the DAPS Centres
- Training of staff and volunteers on safe and confidential GBV referrals
- Training of key staff and volunteers in health and WASH teams to respond to PGI needs, as part of the Health and WASH response.

**Other vulnerabilities and crosscutting**

- Protection, gender and inclusion activities
- Community engagement and accountability
- Climate Change Adaptation
2.2 Contingency plan for epidemics

- Health in emergencies (in guest and host communities)
  - Acute Watery Diarrhoea Outbreak (AWD) contingency plan, Cyclone contingency plan for the health facilities and mass casualty management plan for various scenarios including cyclone

- WASH in emergencies (in guest and host communities)

2.3 Contingency plan for influx

- Scaling up humanitarian assistance (Response Priority 1) to include new arrivals

2.4 Contingency plan for relocations

- Re-start humanitarian assistance (Response Priority 1) in this context, if the relocation is in line with Fundamental Principles, humanitarian standards and best practices.

2.5 Contingency plan for repatriations

- Position of BDRCS and IFRC in voluntary repatriations
- Linking with Myanmar Red Cross Society (MRCS)
- Movement coordination (with ICRC)
- Provide humanitarian assistance (Response Priority 1) if the repatriations are in line with Fundamental Principles, humanitarian standards and best practices

Community engagement

In order to achieve more sustainable capacities within the target communities and to shift the burden on the BDRCS activities in the long run, community engagement activities will become a critical component to be achieved by the Red Cross Red Crescent interventions to facilitate smooth interaction between communities and
BDRCS volunteers.

3. **Readiness and business continuity planning**

3.1. **Business continuity planning**

In view of potential new events which would have secondary impacts on the affected populations, it is important for BDRCS and IFRC to undertake the systematic process of identifying potential threats to ‘business’ operations (such as office functionality, staff accommodation, fleet, RCEH, RCECs, DAPS Centres) the cyclones/monsoon might cause. Based on that, a framework for putting in place measure that will safeguard service delivery capacity should be operationalized.

3.2 **Readiness planning**

Considering the risk scenario, a clear outline is required of who does what and the nature of support that can be provided by the IFRC Offices (in Dhaka and Cox’s Bazar) – to BDRCS and PNS under integration agreements – when thresholds set in contingency plans are reached.

4. **Institutional Response Readiness**

4.1. **Unit Disaster Response Team (UDRT):**

- Pre-identify potential members for deployment, including in Chittagong
- Prior agreement with Chittagong unit
- Re-train and equip BDRTs in Cox’s Bazar and neighbouring units

4.2 **National Disaster Response Team (NDRT, NDWRT):**

- Pre-identify potential members for deployment
- Prior agreement with national headquarters
- Re-train and equip

4.3 **Logistics:**

- Pre-position stocks for up to 200,000 individuals
- Fleet and transportation (including pre-agreements with vendors)
- Emergency warehousing capacity
4.4 IT/Telecoms:

- Radio, satellite phones, mobile phones (for mobile data collection) laptops and printers

4.5 Human Resources

- Rosters of deployable staff (national and international) in-country
- Regional rosters (RDRT, IMPACT)

**Connection to other plans:** This emergency contingency plan shall be further reviewed in coordination with ISCG partners. The plan will include three identified main risks: cyclone, major population movement influx and cholera outbreak.

10. **RESPONSE PRIORITY 3 – COMMUNITY RESILIENCE**

Response Priority 3 of the One Window Framework will focus on Community Resilience for the affected populations (both displaced communities and host communities).

The main interventions under Response Priority 3 will be Community Engagement & Accountability (CEA), including working with community volunteers and host communities; livelihoods for the host communities and resilience and food security for the guest communities; and disaster risk reduction (DRR).

Response priority 3 is guided by the IFRC Global Community Resilience Framework and the IFRC Roadmap to Resilience - R2R, and the knowledge, lessons learnt in Bangladesh of the of the programmes implemented by BDRCS with partners' support called “Vulnerability to Resilience - V2R, CBDRR, EcoSec, CDI etc. BDRCS has long experience in working with communities in different disaster-prone districts affected by floods, cyclones, landslides and other disasters, utilizing the community-based approaches and community engagement in increasing their awareness of different hazards, their vulnerabilities and capacities and how to mitigate the risks.

The lesson learnt from the past operations is that community involvement is the key to
making the programme/project sustainable and to develop ownership among the communities – Community Engagement & Accountability can be used in the different sectors, e.g. WASH, shelter and health, in an effective way.

In the current BDRCS Strategic Plan for 2017-2020, Strategic Goal 2 gives direction to ensuring community engagement and accountability in DRR, livelihoods and other aspects. BDRCS volunteers play an important role in this grassroot level work as they represent the continuity and sustainability of the actions at the unit level.

A resilience building approach should inform all sectors of the Red Cross Red Crescent response through effective community engagement and accountability and social mobilisation. Our commitment in supporting BDRCS is to work with displaced and host communities as partners of the response and not only as recipient of aid. Through the Red Cross Red Crescent response, we will also aim at making communities safer, better informed and more self-reliant.

The modality of the work will explore shared leadership options according to the areas of expertise within the Federation.

**Links with PGI**

Community resilience can only be achieved if all individuals in the community are reached. The IFRC guidance note on gender and diversity sensitive Vulnerability Capacity Assessments provides a reference on approaches and tools for consultation with women, men, boys, girls and at-risk groups on risk reduction, livelihood interventions and on their long-term needs and priorities. Psychosocial support and protection, gender and inclusion issues are interlinked with community engagement as people feel more comfortable to talk about their issues in a safe space, one to one, or in groups, e.g. in child friendly spaces, women’s and men’s groups or through one-to-one PSS or PGI support. These integrated services are offered in the DAPS centres and through the outreach teams, combined with the opportunity to restore links with their families (RFL) back home.

**COMMUNITY VOLUNTEERS (HOST & GUEST)**

As the overall goal is to increase the community resilience, one effective way is also to work with and through community volunteers (both host and guest communities). Community Volunteers speak the language(s) of the community, they understand the
needs and they live in the communities, so they are the enablers of two-way communication with the targeted communities. This increases the community engagement and accountability in our operations and eventually offers self-empowerment to the people. An emphasis on recruitment and capacity building of female volunteers will be taken to ensure gender-equality in our approaches and more effective access and understanding of the community.

Special attention will be paid to effective management of Community Volunteers, ensuring appropriate training, guidelines, and safeguarding. Comprehensive tracking of volunteers throughout the operation – who they are, backgrounds and skills, and training – will be established.

**WORKING WITH THE HOST COMMUNITIES**

In this operation working with the host communities is of paramount importance because they have also been affected by the massive influx of people.

The district of Cox’s Bazar has a population of 2.3 million people and is one of the poorest and most vulnerable districts in Bangladesh. The host community has been welcoming this far but it is necessary to mitigate the risks of friction between the guest and host communities if the guests are perceived receiving benefits the host community is not.

The activities will target the directly affected host communities. The BDRCS Unit in Cox’s Bazar will work with the host communities under the guidance of BDRCS DRM department, involving Red Crescent Youth (RCY) and Cyclone Preparedness Programme (CPP) volunteers and Executive Committee members.

The aim is to enable the communities to strengthen their resilience for example by engaging the communities and supporting community organisation, helping communities conduct Vulnerability and Capacity Assessment (VCA) and based on the findings, develop community plan of action for resilience.

**Focus will be on:**

- Support to communities to organise themselves to strengthen their resilience, e.g. by supporting them in setting up committees for community-based activities
(livelihoods, DRR, WASH etc.), to engage the communities to be part of the solution and working with community-based organisation, with an emphasis on gender and diversity composition of committees.

- Livelihood activities for the host communities
- Life skills training for the guest communities
- DRR and preparedness for cyclones, landslides and floods, including Cyclone Early Warning Systems
- Reinforcement of the local infrastructure like schools, mosques and other communal spaces as part of the preparedness and contingency planning for the cyclone and monsoon season (there are no cyclone shelters in the area)
- Reforestation campaigns and seed distribution to mitigate the environmental impact of the camps and settlements
- Piloting the Volunteers on Wheels programme for community-based volunteers provided with bicycles and training on first aid, home health care, road safety, early warning system, disaster preparedness and climate change
- Access to the health, PGI, PSS and RFL services at the Red Crescent Emergency Hospital, Clinics and DAPS centres, and WASH needs (to be analysed).

The activities will be closely coordinated RRRC and other humanitarian actors in ISCG to avoid overlapping and to be in line with their plans.

**LIVELIHOODS/RESILIENCE AND FOOD SECURITY**

<table>
<thead>
<tr>
<th>People targeted</th>
<th>Estimated budget (CHF)</th>
<th>Funding gap (CHF)</th>
<th>No of partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 260,000</td>
<td>6.5 Million</td>
<td>2.4 Million</td>
<td>4+ BDRCS</td>
</tr>
</tbody>
</table>
The modality of the work will explore shared leadership options according to the areas of expertise within the Federation.

**Objective of the sectoral strategy**

The livelihoods of directly affected host communities are protected, restored, strengthened and diversified, and the resilience of displaced people is promoted and strengthened to contribute to increased resilience of the affected population.

**Need analysis**

The majority of displaced people who fled violence in Myanmar arrived in Bangladesh with few assets and limited food supplies. In light of the high level of food insecurity and limited economic options to ensure their resilience, displaced people are exposed to a wide range of risks affecting their lives and dignity. They also have limited access to natural assets such as land and natural resources to derive a source of income. Moreover, the large influx of new arrivals has had an impact on local markets. Due to high demand the price of basic commodities has sharply increased in Cox’s Bazar district while it has adversely impacted salaries of daily workers due to the increased supply of labour.

**Sectoral strategy**

1. Micro-economic initiatives and income generating activities are planned together with the communities to suit their interests and needs. For the directly affected host communities the options are e.g. livestock rearing and production, extension of fisheries and support to their production. The host community is supported for fostering ‘the market of and for displaced population’ while looking at integration with local economic realities. The displaced communities are offered portable life skills e.g. in setting up micro-enterprises and learning business management skills. The focus is on nurturing skills and enterprises that exist and of new skills especially in the service sector which may be in demand while looking at transferability/mobility of skills and assets.
2. Home-based gardens are set up and agricultural crop production is enhanced for the host communities e.g. by providing them seeds and tools. Communal kitchens are set up for the people of Rakhine living in the camps and settlements.

3. The host communities are offered training on vocational and skills enhancement, including opportunities for income generation activities especially for women and the youth to increase their resilience. Modalities would range from the classical CTP approach, to institution building, to partnership with market players and technical resource institutions and even investing in bolstering "supply and demand chain". The guest communities will also be offered skill enhancement training for increasing their resilience.

4. BDRCS staff members and volunteers are supported in enhancing their capacities in livelihood projects.

In addition to this, ICRC will provide livelihood support to mixed communities in Bardarban and Teknaf upazilas.

**Protection, gender and inclusion**

Resilience activities are targeted to the most at-risk groups, ensure we understand the different skills, capacities, needs, vulnerabilities and responsibilities of affected population. e.g. female-headed households, people with disabilities, to enhance their self-resilience in the medium and long term. All livelihood and resilience interventions should be underpinned by a gender and diversity analysis.

**Connection to other plans**

- ISCG Rohingya Refugee Crisis Joint Response Plan March-December 2018
- PGI related sectoral working group plan to address livelihoods in an integrated manner with food security and DRR; WASH; PGI and Health
- CEA coordination groups and plans.
DISASTER RISK REDUCTION (DRR)

The modality of the work will explore shared leadership options according to the areas of expertise within the Federation.

Objective of the sectoral strategy
Capacities of host communities and People of Rakhine are strengthened to anticipate, prepare for, cope and recover from the negative impacts of emergencies, hazards and disasters both as a stand-alone and a cross-cutting aspect of this operation.

Need analysis
South-East Bangladesh is prone to annual tropical storms and cyclones, in addition to the two rainy seasons per year. In 2017 Cyclone Mora battered the camps and settlements which are extremely vulnerable to flooding after heavy rains and to infrastructural damage due to high winds, potentially leading to loss of life. In the area of the camps there are no official cyclone shelters for the population to take cover.

The surrounding forests have been largely cut down to serve as firewood for cooking,
leaving the soil unprotected and hence placing an additional risk of landslides on the communities. Due to the heavily congested nature of the camps and open-fire cooking the people in the camps are also vulnerable to fire hazards.

**Sectoral strategy**

1. Communities in Cox’s Bazar district are supported to develop a community DRR plan of action, based on the VCA results, after mapping of the integrated and stand-alone risk reduction measures and conducting a DRR gap analysis to ensure opportunities for existing or remaining risk reduction measures are included (e.g. awareness raising, training, tools/equipment, reinforcement of local infrastructure and ensuring physical access to health, WASH and other services). The IFRC Gender and Diversity guidelines for VCA should be integrated in this approach.

2. Cyclone Preparedness Programme (CPP) support is extended to additional areas in Cox’s Bazar district, covering both host and displaced communities. Existing CPP volunteers are engaged and new community volunteer units are established by providing them with training and essential equipment. A focus on engaging female volunteers in this process should be a priority.

3. The level of awareness of the host communities and people of Rakhine are increased so that they understand the threats and impacts of all hazards, risks and vulnerabilities through community engagement and community-based awareness campaigns on basic Disaster Management topics using community volunteers and mobilisers to spread DRR key messages, linking with camp management and looking into the possibility of camp management committees.

4. The contingency plans include local and community inputs, not only based on past disaster events and hazards, but preparing for changing risks, including more extreme events, new extremes as well as evolving vulnerability patterns.

5. Host communities and people of Rakhine are provided with necessary skills and some basic equipment to cope with the negative impacts of a disaster.
such as cyclones, flash-floods, fires and landslides, utilising simulation drills to practice and to test their contingency plans.

6. The capacities of the infrastructure in the host communities and in the camps (such as schools, community resource centres, mosques and other communal spaces used by the population) are increased and reinforced in cooperation with the shelter and WASH sectors.

7. The environmental degradation is reduced by conducting reforestation campaigns, seed and sapling distributions.

Protection, gender and inclusion

Women, men, boys and girls prepare and respond to disasters in different ways due to their roles in the household, in society and due to the expectations placed on them because of their gender. When assessing resilience to disasters, factors related to a person’s gender and diversity can compound risk and vulnerability. An emphasis on sex, age and disability disaggregated data should be collected and analysed as part of the DRR approaches, as well as all initiatives being informed by a gender and diversity analysis. The IFRC Minimum standard commitments to gender and diversity (DRR section) and the IFRC guidance on gender and diversity sensitive VCA’s provide guidance to ensure these approached. Women’s active participation in DRR process will be a priority, particularly in the establishment of new committee structures in the camp. This will work to mitigate the current male-dominated governance and community structures that currently exist in the camps.

Connection to other plans

- Cyclone Preparedness Programme Plan of Government (per established relationships) and local and community preparedness plans
- Coordination and engagement with RRRC with DRR strategies
- Participate and engage with UN ISCG Emergency Preparedness group
- Engage with different ISCG Sectoral plans and groups to ensure DRR is integrated (Site Planning and Preparation, Shelter and Logistics)
- CEA coordination groups, tools and assets.
COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)

Objective of the sectoral strategy
260,000 People from Rakhine and host communities access timely, accurate and trusted information that contributes to reducing their vulnerability. They engage in an ongoing dialogue with the Red Cross Red Crescent through participation, communication, feedback and learning approaches to guide the operational strategy and ultimately empower people to lead and shape positive and sustainable changes in their own lives. The modality of the work will explore shared leadership options according to the areas of expertise within the Federation.

Need analysis
An October 2017 assessment from Internews indicates that the affected community remains unable to access adequate information, or effectively provide feedback to aid providers and authorities. Three-quarters (77 per cent) of the affected population report
they do not have enough information to make decisions for them and their family and almost two-thirds (62 per cent) report that they are unable to communicate with aid providers. Humanitarian aid workers may be neither trusted nor viewed as a source of information by any section of the affected community. A high proportion of the displaced population (73 per cent) are illiterate in any language, with 85 per cent citing a local language as their primary language for communication. In addition, it is technically illegal for the newcomers to purchase SIM cards and the access to radios is very low though the trust in radio is high. Communities are in urgent need not only of food, water, health, and shelter assistance but also timely, accurate and trusted life-saving and life-enhancing information. Improved feedback mechanisms are key to enhance the services and will in turn help to shape and sharpen information provision, closing the loop and strengthening the overall response.

Sectoral strategy

1. Information as aid - safe and timely access is ensured to truthful information about Red Cross Red Crescent services, resources as well as information on how to navigate new environments and stay healthy and safe. DAPS centres act as a hub to ensure information is available and access is inclusive and feedback opportunities are provided for people to voice needs and concerns. Centres have charging stations to ensure people can navigate information needs and connect with peers and families. Community radio sessions and listening groups are already in progress at DAPS centres and will now be expanded into communal spaces in camps as well as Movement locations.

2. Participation and feedback - listening to displaced people is as important as talking to them, and is crucial to improving the speed, relevance and effectiveness of humanitarian support. Two-way communications and feedback systems are offered in local language (using community volunteers), leveraging effective audio-visual tactics (i.e. pictorials, audio files, listeners groups) and culturally relevant community mobilization initiatives (role play, puppet show, drama, mobile cinema) to promote lifesaving behaviour and practices and to share knowledge and information about services. Through participatory approaches, men, women, boys and girls are consulted on the nature of assistance required, participate in the
design of services and they have effective way of voicing their concerns and perceptions to inform operations strategies, e.g. via regular perception surveys embedded in the monitoring system.

3. Two-way communication with host communities including through partnerships with national and local media to promote acceptance, avoid stigma and tackle misinformation and misconceptions, create a better-informed community, dispelling myths and defusing tensions and conflicts. A rumour tracker system is created using BDRCS and community volunteers and insights into media and social media to create a better understanding of the needs of affected people and host communities and deflect rumours before they can do any harm.

4. Strategic information management: community feedback will be better analysed to inform the operational response strategy, adjust sectoral responses as needed, monitor effective accountability to assisted people (including through regular surveys) and ensure their voices inform humanitarian diplomacy efforts in close liaison with BDRCS (in close coordination with PMER and Information Management).

Protection, gender and inclusion

CEA plays a key role in PGI, offering the communities and individuals a way for their concerns and priorities to be heard. It allows for the gender and diversity dynamics in a community to be better understood and recognised, so that programmes and services adapt according to this feedback to ensure the needs of women, girls, men and boys are being addressed. It has been noted that women and men receive, have access to and trust information in very different ways. Efforts will be made to ensure we create equal access to information for all in the community.

Connection to other plans

- ISCG Rohingya Refugee Crisis Joint Response Plan March-December 2018
- PGI related sectoral strategies in Protection, Gender based violence (GBV), Child Protection, Prevention of Exploitation and Abuse,
Communicating with Communities, MHPSS, and Gender in Humanitarian Action

- Coordination with SHONJOG, the Multi-Stakeholders Platform on Communication with Communities (CwC)
- Collaboration with UNICEF and IOM, as well as all major partners engaged in the ‘Communication with Communities’ coordination group
- Ongoing collaboration with BBC Media Action and partnership with Translators without Borders to strengthen audio-visual participatory approaches and to ensure culturally appropriate content and interpretation services.

11. **ENABLING PRIORITY 1 – STRONG NATIONAL SOCIETY**

Enabling Action 1 of the One Window Framework will focus on supporting a Strong National Society and further localising aid. The main interventions under Enabling Action 1 will be National Society Development at the BDRCS National Headquarters (NHQ) and Capacity Enhancement for Units; and in both cases enhancing their sustainability with regards to capabilities and resources. At NHQ level strong support will be given to make BDRCS the first OCAC (Organisational Capacity Assessment and Certification) Certified National Society in Asia Pacific, while at Unit level, important efforts will be undertaken towards unit (BOCA) certification.

One of the key principles in the ISCG Joint Response Plan for March to December 2018
is the localization of the response, i.e. ‘two-way capacity-building of the national partners’. National Society development (NSD) is the Red Cross Red Crescent term for effective localization of aid. Given the fact that the crisis is likely to be prolonged over the next years, it is fundamental that BDRCS remains in the centre of the operation. The partners have a shared responsibility to ensure that the capacities of the National Society are enhanced to enable BDRCS to assume greater responsibility in the coming years with the view of taking over activities and assets in the longer term.

Since Bangladesh gained its independence, BDRCS has been performing as an auxiliary to the government in providing humanitarian services throughout the country. However, the contexts and trends of humanitarian emergencies have taken new dimensions, with changing service delivery needs. BDRCS leadership feels the need of transforming the National Society into a strong and sustainable one to be able to keep pace with these changes – not only at the headquarter level but equally importantly at the unit/unit level. To ensure this, the current BDRCS Strategic Plan for 2017 to 2020, and more specifically Strategic Goal 3 on NSD, lays the foundation for the revitalization process of BDRCS with a specific goal of NSD focusing on capacity deficits identified both at national and unit level in the Organisational Capacity Assessment and Certification (OCAC) and Branch Organisational Capacity Assessment (BOCA) exercises. PGI specific indicators exist for the OCAC process and is currently integrated within the BOCA. An IFRC gender and diversity self-assessment tool exists to complement these processes ensuring PGI is a core component of NSD.

The pressure on BDRCS people, systems and capacities has been immense since 2017 as it was a very active year in terms of adverse weather phenomena (monsoon floods and landslide in north eastern Bangladesh during April 2017 and Cyclone Mora in the district of Cox’s Bazar at the end of May 2017) and the massive influx of people from Rakhine since August 2017, on top of regular programming. The BDRCS response capacity can be strengthened at all levels, starting from National Disaster Response Teams (NDRT) and Unit Disaster Response Teams (UDRT) down to Community Disaster Response Teams (CDRT) that are trained and properly equipped (also for visibility and personal safety), with prepositioned stocks.

**NSD at the BDRCS National Headquarters (NHQ)**

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International Federation of Red Cross and Red Crescent Societies
At the NHQ level, NSD activities are related to operational leadership and accountability as well as setting up systems. OCAC certification will be a desirable goal to achieve and will help BDRCS to be the first Asia Pacific National Society with OCAC certification.

It is challenging for any organization to have systems that are flexible enough to accommodate both everyday and emergency protocols. This is especially applicable to HR and the recruitment of new staff. BDRCS is in the process of hiring more staff for the operation, and when this fast-tracked process is finalized, the number of staff and positions needed in order to deliver the activities in cooperation with all Movement partners will be analysed and hired by a joint HR committee. In the Red Cross Red Crescent Planning Workshop in January 2018 it was agreed that the hiring of short-term (maximum six months) project positions will be delegated to the office in Cox’s Bazar to streamline the HR processes. Partners can help with the design of new protocols for recruitment, performance appraisal, capacity building and with the recruitment process itself. Other systems to be strengthened according to OCAC are related to financial and operational accountability, reinforced and transparent financial management systems and internal control mechanism, improved, comprehensive and cost-effective logistics planning and management system (including fleet and warehousing), volunteer development and retention, recruitment, performance and surge capacity, job satisfaction, integrity framework, infrastructural upgrade, stronger ICT system and service, strengthened capacity in PMER, communications and humanitarian diplomacy. For the long-term development of BDRCS and its role in the society, it is vital that the National Society is actively represented within national decision-making processes related to the humanitarian response, in liaison with IFRC, ICRC and other partners. This will help the National Society expand its influence and reach, and ultimately enable greater access to national and international funding.

NSD at the BDRCS units

At the unit level, NSD activities are more focused on unit ownership, capacities of the staff and volunteers and appropriate facilities, technologies and systems that will guarantee efficient management of resources. It will also focus on the critical weakness identified from BOCA result analysis e.g. unit planning, safety-security, infrastructure, planning and monitoring, diversity in resource mobilization. BOCA certification will be a desirable goal to achieve and help the identified units to be the first BDRCS units with BOCA certification.
At the unit level the key question is on the volunteers – both BDRCS RCY volunteers and community volunteers. The volunteer management systems need strengthening to ensure that the activities can be fully implemented within the agreed timelines, and that there are enough volunteers to support ongoing operations. This will also foster greater unit ownership of the operation. The compensation systems need to be transparent, and the safety and well-being of the volunteers (the duty of care) is of utmost importance, including volunteer insurance. The necessary and functional systems e.g. in finance, volunteer management and procurement will be developed for the units according to BOCA priorities towards the certification goal. The units may also require basic infrastructures and technology to be able to carry out their tasks in the operation.

**Funding**

Every partner working with BDRCS acknowledges that funding is needed to carry out NSD activities, it has been proposed that partners allocate up to 5 percent of their funding to commonly agreed NSD needs. There can be different ways of contributing towards this goal, to be discussed with the partners according to the detailed plan and coordinated by BDRCS.

12. ENABLING PRIORITY 2 – COORDINATION AND ACCOUNTABILITY

Enabling Action 2 of the One Window Framework will focus on Coordination, Accountability and Quality Programming. The main interventions under Enabling Action 2 will be on IFRC-wide accountability towards communities and partners as well as a Coordination Mechanisms and partnership modalities and one Federation-wide Reporting System.

A risk management and accountability working group will be created under the leadership of BDRCS and the support of IFRC Secretariat, integrating a group of National Societies that will contribute to continuously monitoring risks and facilitating corrective measures and immediate solutions.
**Coordination**

The One Window coordination mechanisms

In line with the resolution of the Council of Delegates on *Strengthening Movement Cooperation and Coordination* (SMCC) and the RCRC Principles and Rules for Humanitarian Assistance, a more aligned approach has been established for the Red Cross Red Crescent partners involved in the response called One Window approach. In compliance with IFRC mandate to direct, coordinate and facilitate international response, the IFRC will take active steps to make coordination mechanisms clearer and more effective in support of the overall response, while recognising the active role of BDRCS in coordination as the implementing agency. They include revised structure enabling:

1. Clearer distinction between coordination functions and operational/implementation modalities;
2. Enhanced focus on and resourcing of coordination positions as well as Federation-wide planning, accountability, risk management, quality assurance, data analysis and support service capabilities across the overall response;
3. More agile operational cooperation with Movement partners in sectoral priority areas by enabling shared leadership and shared accountability as part of the operating and implementing model of the response in support to BDRCS:
4. Stronger and targeted efforts on BDRCS capacity enhancement at local and national levels, especially with regards to human resource management, logistics, planning and accountability systems.
Mirroring the 3 response priorities and the three enabling actions for the response, the IFRC-wide coordination model and structure will develop along the following pattern:

1. **Strategic coordination**

   **Movement Steering Committee**
   - Strategy and external relations
   - BDRSC Secretary General, IFRC Head of Country Office & ICRC Head of Delegation
   - Frequency to be decided collectively

   Established at strategic level, this meeting is meant to provide the overall Movement leadership to reinforce a coordinated approach to support BDRCS. It will address key issues and ensure that mechanisms for problem-solving and capacity building support are established at appropriate levels of the Movement Coordination Framework. Participating National Societies (PNS) are invited to participate in Movement Strategic Coordination meetings to discuss priority issues for agreement and decision between Movement partners.

2. **Operational coordination**

   **Movement Coordination and Cooperation Meetings**
   - Planning, programming and information sharing
   - Presided by BDRCS Response Director, members: PMO Director of BDRCS, IFRC Head of Sub-Delegation, ICRC Head of Sub-Delegation, Operational Managers, Partner National Society Country Representatives and Consortia lead National Societies
   - Frequency to be agreed by partners

   Senior delegates from BDRCS, IFRC, ICRC and Partner National Societies will meet
regularly to discuss issues related to operational and coordination issues with a view to clarify responsibility in:

- Applying the agreed response strategy and directions in support of BDRCS;
- Ensuring coherency in all programming and relevant support to the strengthening of BDRCS;
- Agreeing partner engagement and/or participation in the joint approach/strategy with BDRCS;
- Supervising quality and accountability of the response;
- Ensuring coordination mechanisms at all levels and stages of the response;
- Ensuring problem solving mechanisms in place on operational/programming issues;
- Facilitating coordination and information sharing in the relations with external actors and for resource mobilisation;
- Solving problems that could hinder smooth coordination if not resolved.

3. **Technical coordination**

Building on existing practices, technical coordination will continue to take place in the field for sectoral priorities as identified in the framework. Technical working groups will be leading the implementation to achieving the objectives identified in the One Window Framework in support of BDRCS. They will also have a specific role in:

- Ensuring coherence between partners working in the same technical area;
- Agreeing on and applying common standards for implementing the technical programme;
- Addressing and supporting capacity building and/or organizational development with BDRCS;
- Participate in ISCG established and relevant working groups and ensure
documented report;
- Share information at the weekly coordination meeting and updated inputs for the weekly situational report.

Technical coordination has been effective in Cox's Bazar through weekly sectoral meetings and Movement meetings enabling Movement partners to share information and facilitate synergies, including through weekly situation reports, in close liaison with and support of BDRCS PMO team.

4. **External coordination**

The dialogue and coordination with public authorities will be streamlined through BDRCS, as auxiliary role is recognized, promoted and supported in the humanitarian field and across the response continuum.

Partners’ engagement outside the Movement to influence decision-makers and the public is to be guided by the Fundamental Principles, coordinated for communication and messaging and supported for resource mobilization and partnerships.

Collaboration with Government, ISCG/UN coordination mechanisms is encouraged, facilitated and documented at technical, operational and strategic levels while keeping RCRC Movement identity and contribution distinct and guided by agreed goals and objectives. This includes frequent interactions and collaboration with working groups and the Humanitarian Country Team meetings established through the UN coordination system. Participation of BDRCS representation should be ensured in all external sectoral meetings and coordination.
PARTNERSHIP MODALITIES

Amongst the number of policies and resolutions that have been guiding the Movement – starting with the seven Fundamental Principles – the Code for Good Partnership (Council of Delegates, 2009) remains the reference framework to ensure collective coherence and distinctive modalities of cooperation in the current response.

Emphasizing the collective commitment to ‘Respect and empower vulnerable people’, ‘Practice diversity and cultural sensitivity’ and ‘Ensure integrity’, the Code of Good Partnership also provide clear cooperation principles within the Movement as follows:
• The different mandates of the Movement components and the role of each National Society in its own country are respected and mutually supported.
• Partners work within a common Movement policy framework and implement the statutory and operational decisions.
• Partners establish and actively participate in coordination and communication mechanisms at different levels.
• Partners’ capacities are mutually strengthened, improving the capacity of the Movement.

In line with the Movement commitment to the ‘Localisation of Aid’ Agenda, as championed during the World Humanitarian Summit, strong progress has been made in advocating towards achieving critical goals such as:

• Secure 25 per cent of humanitarian funding to local and national responders by 2020;
• Invest in long-term institutional capacity building and support pooled mechanisms.

In further advancing the localisation agenda, partners will commit to:

• Full recognition and respect of BDRCS lead role
• Contribute to fulfilling BDRCS strategic plan 2017-2020
• Contribute to BDRCS capacity development and financial sustainability efforts, including at local level
• Support BDRCS responsibility to take ownership of its capacity development
• Take part in the mechanisms for the coordination and cooperation towards greater collective efficiency
• Abide by security and safety rules as well as governmental regulations
• Support BDRCS auxiliary status to public authorities
• Foster the principles of shared leadership, shared accountability, shared
Collective commitment to foster the principles of shared leadership, shared accountability, shared results and transparency including through the Federation-wide reporting system.

Under the shared leadership approach, Partners and BDRCS will agree on a partnerships agreement articulating priority areas as well as respective roles, responsibilities and accountability.

ACCOUNTABILITY, TRANSPARENCY and QUALITY PROGRAMING

The IFRC works in accordance with an accountability framework methodology welcomed by its Governing Board in 2012, and largely inspired by a review commissioned in 2011 from One World Trust, a UK-based charity specialized in accountability. Under this framework, accountability is defined as:

“An ongoing process that creates relationships of respect between an organization and those affected by its work. In being accountable, one fulfils a commitment to enable and facilitate stakeholders to assess one’s actions against defined commitments and expectations, and to respond to the assessment appropriately.”

Partners to the One Window Framework are committed to establishing an effective risk management environment that includes accountability to its multiple stakeholders: beneficiaries, member National Societies, governance, staff, volunteers, governments, donors, external partners and others.

Members of the framework shall take proactive measures to reduce risks affecting the operations, develop a culture of accountability and transparency, including raising awareness and establish systems for preventing fraud and corruption.

Being the operating NS, BDRCS is committed to ensure accountability and transparency by reflecting in its Standing Orders and through integrating CEA under its Strategic Plan 2017-2020 and as well as by voice of the present Governance.

Partners are also committed to be accountable to BDRCS in their plans and implementation of the plans, including signing a partnership agreement with BDRCS prior to starting the implementation.
a) Result-based Planning and M&E for quality programming

One of the key priorities to promote and ensure accountability and transparency for BDRCS and partners under this framework is to exercise result-based planning, monitoring and evaluation at all levels of implementation of planned intervention. This includes continuous and detailed assessment and analysis to identify needs and gaps and select people to receive assistance, comprehensive progress tracking of planned interventions through regular monitoring for informed decision making, periodic review (especially the mid-term review) and evaluations for management response.

b) Zero tolerance for fraud and corruption

Movement partners have zero tolerance for fraud and corruption and are committed to full transparency and accountability to partners and the communities we stand with.

The BDRCS adheres to a strengthened prevention framework to protect against fraud and corruption, put in place by IFRC, that includes:

- Adoption of a resolution to improve and effectively apply BDRCS Standing Order on ‘zero tolerance’ country-wide
- Finalisation and implementation of a comprehensive accountability plan of action supported by transparent compliance mechanisms
- Mandatory fraud prevention training to all staff. The Fraud and Corruption Prevention courses are available to all learners on the IFRC Learning Platform (https://ifrc.csod.com)
- The creation of an Audit and Risk Commission of the IFRC Governing Board and creation of a risk management process within BDRCS
- The establishment of a dedicated and independent internal investigation function
- Establishment of a binding Code of Conduct to be signed by governance, management, staff and volunteers at all levels

Establishment and implementation of a whistle-blower policy

c) A commitment to transparency and accountability

Effective risk management and a culture of accountability and transparency have been fostered across the operational response at all levels, and a risk management function has been established within the Movement Population Operation team.
BDRCS, with the support of IFRC and Movement partners, has addressed some of the key financial accountability and transparency concerns for this operation, with greater efforts put in to ensure adherence to:

- Fraud and Corruption Prevention and Control Policy
- Finance and Procurement Procedures

In December 2017, IFRC conducted a “Fraud and Corruption Prevention Workshop” with participation by BDRCS staff stationed in Cox’s Bazar. The IFRC internal audit reports shall be publicly accessible. The annual consolidated external audit report will be disclosed following the approval by the relevant IFRC governance functions, within six months following the period being audited.

d) A commitment to the prevention of sexual exploitation and abuse (PSEA) and anti-harassment

PSEA refers to abuse perpetrated by humanitarian workers to beneficiaries and communities with which we work. IFRC and BDRCS have a zero tolerance to sexual exploitation and abuse. This will be reflected in context specific process in line with the existing obligations through the Code of Conduct, which will be agreed at the highest levels of the IFRC and National Society and disseminated to staff and volunteers.

Procedures and processes to mitigate and respond to anti-harassment in the workplace will also be reviewed. Staff and volunteers will be sensitised on these processes to ensure a safe working environment.

e) Accountability to communities

The accountability to the communities we serve is to be mainstreamed in all Red Cross Red Crescent interventions, in the application of established guiding documents that include:

- Community Engagement and Accountability guidelines and the Core Humanitarian Standard
- Including recruitment and mobilisation of community volunteers
• Minimum Standard Commitments to Gender and Diversity in emergency programming
• Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance
• Sphere standards
• Code of Conduct of the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief
• Do No Harm, including sensitivity in handling information on survivors of SGBV.

f) Accountability to partners

To adhere to the principle of operational accountability, joint monitoring and evaluations will be carried out. IFRC commissioned an internal review in December 2017, and various Movement partners have already carried out or are planning to carry out their evaluations. In addition, there will be a mid-term review conducted jointly by BDRCS and IFRC in the 1st quarter of 2019.

Following the adoption of the One Window Framework, a more detailed plan of action will be finalized enabling joint reporting to be prepared in order to reflect the joint Federation-wide achievement.

The regular Federation situation reports will continue to be published, as well as operation updates prepared by IFRC as part of the IFRC emergency appeal reporting cycle.

A Federation-wide reporting system will be set up following the examples and lessons learnt from previous large-scale operations e.g. response to Typhoon Haiyan in the Philippines and Nepal earthquake operation. It will enable yearly reporting for programmatic and financial data based on common indicators by the BDRCS, IFRC and PNSs operating in Cox's Bazar. A more macro-level report is being considered for the whole Movement response.

As the Red Cross Red Crescent has a special auxiliary role and hence a strategic advantage in the country, various opportunities may rise for funding and further action while other activities may not attract funding. These changes will be reflected in the One Window Framework plan of action as it is reviewed on quarterly basis.
13. ENABLING PRIORITY 3 – HUMANITARIAN DIPLOMACY

Enabling Action 3 of the One Window Framework will focus on Humanitarian Diplomacy. The main interventions under Enabling Action 3 will focus on BDRCS auxiliary role and influence; IFRC representation and influence; contextual analysis and evidence-based advocacy.

Introduction: As per IFRC policy (2009), humanitarian diplomacy consists of ‘Persuading decision makers and opinion leaders to act, at all times, in the interests of vulnerable people, and with full respect for fundamental humanitarian principles.’ The complex and multidimensional nature of the population movement operation in Cox’s Bazar means that no one partner can do it alone. In order to affect the necessary institutional and policy changes to better assist and protect the displaced populations and strengthen the resilience of the host communities, the Red Cross and Red Crescent services need to be accompanied by effective advocacy and diplomacy. BDRCS and partners have an important role to play to ensure continued access to people in need, exert influence on decisions that affect them, inform the crisis and profile the ongoing humanitarian response, and mobilize support and resources.

1. BDRCS auxiliary role and influence

As a trusted and respected local actor, the BDRCS is well positioned to effect real change. However, BDRCS must be supported to develop its humanitarian diplomacy capacity and approaches in a manner consistent with the Fundamental Principles and
its auxiliary role to the government. This distinctive partnership between the government of Bangladesh and BDRCS is based on international and national laws of Bangladesh which give BDRCS an unparalleled platform to access and influence decision makers and opinion leaders in Bangladesh.

BDRCS will be supported by its partners to strengthen humanitarian diplomacy approaches in relation to the population movement operation and in a manner consistent with their culture and their history, thereby supporting BDRCS and partners to more effectively deliver on its humanitarian mandate.

Key activities in humanitarian diplomacy will include:

- Develop and implement PMO humanitarian diplomacy strategy based on identified protection and assistance needs arising in the PMO;
- Organize Humanitarian diplomacy capacity enhancement training for key BDRCS governance, staff and volunteers related to PMO;
- Establish adequate communication and coordination with the Military Bodies coordinating and operating in Cox’s Bazar.
- Update and revise draft IDRL Research Report for Bangladesh (June 2017) - to include experiences from CXB operations;
- Validation of IDRL research for Bangladesh (2017) and sharing with stakeholders
- Wide dissemination of Inclusion and do no harm policy/strategy in the PMO
- Strengthening collaboration with governments through regular communication and policy dialogue.

2. IFRC representation and influence

Building on IFRC status and role in representing the collective interest, the IFRC will continue active engagement with international partners and stakeholders to foster greater mobilization and support to the current response.

Whilst supporting BDRCS humanitarian diplomacy efforts at country level, the IFRC will pursue and strengthen its interactions with Military Bodies - Armed Forces, external actors, including diplomatic missions and international agencies, in addition to ICRC mandated dialogue and interactions with Military Bodies on International Humanitarian Law (IHL). The IFRC will also leverage its wider access to regional and global
humanitarian fora to further position the Red Cross Red Crescent response to the crisis and advocate on priority issues.

The IFRC will also work with BDRCS to ensure that the Red Cross Red Crescent humanitarian response is professionally communicated, understood and supported by internal and external stakeholders with a focus on continued positive media and social media outreach, quality content generation and effective support to the partners' communication.

In a protracted crisis context, resourcing efforts will be required to demonstrate accountability and stewardship to donors as well as a deeper engagement with partners. Whilst strengthening grant management capabilities, the IFRC will seek continued diversification of partners, including multilateral agencies, nurture coordinated or joint resource mobilization with international partners and support BDRCS domestic fundraising.

3. Contextual analysis and evidence-based advocacy

In ensuring that humanitarian diplomacy efforts are properly substantiated, there is a need to work with BDRCS in developing analysis of humanitarian needs and operational context that can help in prioritising the response to the affected population and engage in advocacy through objective and evidence-based analysis. This key function will also enable to bridge information gaps, including through better liaison and structured external coordination in the field, and equip Red Cross Red Crescent partners with solid positions and advocacy messages to nurture their dialogue with decision makers, key stakeholders or donors.

By leveraging and resourcing a capacity to manage information more strategically, generate evidence-based positions and advocacy messages, this function will help elevate BDRCS and its partners’ influence to expand collective reach in humanitarian assistance and community resilience for, and together with, displaced people and host communities. It will include the production of analytical humanitarian updates, positions and advocacy messages as well as issue briefs and facilitated research pieces.

Community engagement approaches will maximize the Red Cross Red Crescent’s unique relationship with the community to help them speak out about the issues that affect them and to influence decision and policy-makers to implement positive changes.
WHEREAS, We, the members of the International Federation of Red Cross and Red Crescent Societies, have gathered in Cox’s Bazar, Bangladesh, from 13-15 February 2018 to advance our common efforts to address the population influx crisis in Cox's Bazar, abiding by a ‘One Window’ operational Framework;

RECOGNISING, the role that the government of Bangladesh has played in hosting and addressing the needs of displaced people from Rakhine state, Myanmar; as well as facilitating humanitarian access.
RECOGNISING, that the Bangladesh Red Crescent Society (BDRCS), as an auxiliary to the government of Bangladesh, and with the support of Red Cross Red Crescent Movement partners – the International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of Red Cross (ICRC) and 31 Partner National Societies (PNS) - have since August 2017 conducted a large-scale humanitarian response to the population influx in Cox’s Bazar; and that this response has reached more than a quarter of a million people.

We hereby declare and agree, to the following:

Commitment to meeting the needs of more than 200,000 people

BDRCS and its partners, as part of an integrated response, commit to continue to provide humanitarian assistance alongside more sustained services to meet the needs of 200,000 people; towards our common goal, one Plan of Action of supporting the safety, dignity and resilience of all communities in the affected regions of Cox’s Bazar, Bangladesh.

We commit to focusing on the following response priorities:

(1) Humanitarian Assistance: In Health and Psychosocial Support (PSS), BDRCS and its partners will continue providing curative primary and secondary level health services to a catchment area of 300,000 people, complemented by health education and integrated with psychosocial support services. In Water, Sanitation and Hygiene Promotion (WASH), BDRCS and its partners will support safe water and sustainable sanitation services for 110,000 people, including safe bathing areas, complemented by solid waste management. In Shelter and Non-Food Items, BDRCS and its partners will provide non-food items to cover the basic needs of 240,000 people and shelter assistance to meet the immediate needs of 300,000 people, as well as training and assistance to support safer and more resilient shelters. BDRCS and its partners will continue to offer services for Restoring Family Links (RFL).

(2) Preparedness for Response: BDRCS and its partners commit to contingency planning for adverse weather events; for disease outbreaks, for repatriation and for further population influx, in order to be ready to act when needed, in close coordination with the government of Bangladesh and other humanitarian actors.
(3) **Community Resilience:** BDRCS and its partners, including community volunteers, will support the resilience and work to reduce disaster risk for displaced and livelihoods of the host communities; BDRCS and its partners, through our community level work and humanitarian diplomacy, will work to ensure the dignity, rights and resilience of host and displaced communities.

**Commitment to Cross-Sectoral Priorities**

(1) **Commitment to Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI):** BDRCS and its partners will act to address the specific needs of vulnerable groups, such as women, children, elderly and other marginalised groups to ensure their safety, dignity, protection from violence and mental well-being. BDRCS and its partners will ensure two-way communication with communities in every sector: ensuring that the perspectives and needs of communities will be taken into consideration in programme design and policy dialogue.

(2) **Commitment to Localising Aid through Support to BDRCS National and Local Development:** BDRCS and its partners commit to ensuring that localisation is at the heart of our plans and response, recognising the importance of supporting the host communities. We recognize the central role to be played by the BDRCS as a local and national actor. BDRCS agrees to take primary responsibility for strong national society development, and its partners commit to supporting national society development and organizational capacity enhancement of BDRCS with adequate resources, in fulfilment of the spirit of the One Window Framework and BDRCS Strategic Plan.

(3) **Commitment to Effective Coordination:** The One Window Framework provides a practical platform to coordinate and optimise capacity and resources, while recognizing specific agreements and bilateral arrangements. The One Window Framework also supports the application of the principle of ‘shared leadership, shared accountability’ by Red Cross and Red Crescent partners.

(4) **Commitment to Humanitarian Diplomacy:** BDRCS and its partners commit to influence decision-making in favour of the needs of the most vulnerable, with full respect for fundamental humanitarian principles.

(5) **Commitment to Accountability and Quality Programming:** BDRCS and its partners commit to accountability and transparency to the communities we serve, to government, donors, staff, volunteers and all other stakeholders in delivering humanitarian assistance.
in Cox’s Bazar. BDRCS and its partners also commit to a zero-tolerance policy for fraud, corruption, sexual exploitation and abuse. BDRCS and its partner agree to establish a common planning, monitoring, evaluation and reporting system under the One Window Framework.

Red Cross Red Crescent Perspective on Repatriation

Recognising that a number of steps have been taken by the governments of Bangladesh and Myanmar towards the repatriation of displaced persons from Cox’s Bazar, Bangladesh to Rakhine state, Myanmar: we emphasize that sustainable return must take place in conditions of safety, dignity and voluntariness. The needs and perspectives of displaced communities must also be at the centre of any return process. Should a fully informed and voluntary repatriation materialize BDRCS stands ready to extend and facilitate operational support as required, in line with the Fundamental Principles of the Red Cross and Red Crescent Movement.